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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Auth	orized Committee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M	5
UNITED WOMEN'S HE	EALTH ALLIANCE PA	.C		
ADDRESS (number and street)	2021 L ST NW STE 101-193			
Check if different than previously reported. (ACC)	WASHINGTON		DC	20036
2. FEC IDENTIFICATION NU	JMBER ▼ CITY	' \	STATE ▲	ZIP CODE ▲
C C00755694	3. IS	THIS NEW (N) O		IENDED
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M2) Jun 20 (M3)		20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:				(Non-Election Year Only)
April 15 Quarterly Report (Q		0 (M4) Jul 20 (M Primary (12P)	General (20 (M10) Jan 31 (YE) (12G) Runoff (12R)
July 15 Quarterly Report (Q	PRF-Election	Convention (12C)	Special (
October 15 Quarterly Report (Q	3)	M M / D D	/ ***	in the
January 31 Year-End Report (Y	E) Election			State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	n (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (3	Special (30S)
Termination Report (TER)	Election	on/	/ Y = Y = Y = Y	in the State of
5. Covering Period 07		through 12		2021
I certify that I have examined the Type or Print Name of Treasurer	MÄSTROIANNI, STEPHANIE	ny knowledge and belief it is	s true, correct and	d complete.
Signature of Treasurer	TROIANNI, STEPHANIE, , ,	[Electronically Filed]	Date 01	/ 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, errone	eous, or incomplete information	may subject the person signir	ng this Report to th	ne penalties of 52 U.S.C. § 3010
Office Use Only				FEC FORM 3X Rev. 05/2016

10. Debts and Obligations Owed **BY** the Committee (Itemize all on

Schedule C and/or Schedule D)

	FEC Form 3X (Rev. 05/2016)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2									
Write	e or Type Committee Name											
UN	UNITED WOMEN'S HEALTH ALLIANCE PAC											
Repo	eport Covering the Period: From: 07 01 2021 To: 12 31 2021											
		COLUMN A This Period	COLUMN B Calendar Year-to-Date									
6. (a	Cash on Hand January 1, 2021		23558.27									
(b	Cash on Hand at Beginning of Reporting Period	144400.66										
(c) Total Receipts (from Line 19)	1031642.90	1772927.05									
(d	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1176043.56	1796485.32									
'. To	otal Disbursements (from Line 31)	1086344.77	1706786.53									
R	ash on Hand at Close of eporting Period ubtract Line 7 from Line 6(d))	89698.79	89698.79									
th	ebts and Obligations Owed TO e Committee (Itemize all on chedule C and/or Schedule D)	0.00										

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

18083.75

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UNITED WOMEN'S HEALTH ALLIANCE PAC

R	eport Covering the Period: From:	M / D D / Y Y Y Y Y Y TO:	12 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	33476.00	37018.00
	(ii) Unitemized	998166.90	1735909.05
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	1031642.90	1772927.05
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	1031642.90	1772927.05
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	1031642.90	1772927.05
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	1031642.90	1772927.05

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: — (a) Allocated Federal/Non-Federal		Calculate Four to Butto
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	1004906.70	1624173.46
(c) Total Operating Expenditures	4004000.70	1624472.46
(add 21(a)(i), (a)(ii), and (b))▶	1004906.70	1624173.46
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures	4 4	
(use Schedule E) Coordinated Party Expenditures	79943.07	79943.07
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	1495.00	2670.00
<u> </u>	4 4	4 4 4
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	1495.00	2670.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid	1 1 4 1 1 4 1 1 4 1	
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1086344.77	1706786.53
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1006244.77	
	1086344.77	1706786.53

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1031642.90	1772927.05
4. Total Contribution Refunds (from Line 28(d))	1495.00	2670.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1030147.90	1770257.05
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1004906.70	1624173.46
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	1004906.70	1624173.46

: 97 `A = G7 9 @ 65 B9 CIG`H9 LH`F9 @ 5 H98 `HC`5 `F9 DCFHžG7 < 98 I @ 9 `CF` ± H9 A ± N5 H± CB

Form/Schedule: F3XN Transaction ID:

BEST EFFORTS PRACTICES - C00755694: 1. The initial solicitation for a contribution is made via phone call and solicitor additionally states during the solicitation call that as a part of compliance, the PAC is required to inform the contributor that "Federal law requires us to use our best efforts to collect and report the name, mailing address. occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year". Following acceptance to provide a contribution, a follow-up invoice letter is mailed to the contributor which includes a clear and conspicuous request for contributor's employer and occupation information to be written in and returned when they mail back their contribution. 2. Secondarily, if employer/occupation information was still not provided within the above steps, a follow up letter is sent via US mail along with a separate pre-addressed return envelope sent to the contributor, again clearly requesting the name of employer and occupation, without solicitation of a contribution to 3. Lastly, the third/final step if employer/occupation information was still not provided, a follow up phone call is placed to the contributor within 30 days of receipt of the contribution during which the missing information is clearly requested (without solicitation of a contribution) as an FEC compliance requirement. If all of these steps have been exhausted and the employer and occupation information still has not been obtained from the donor, 'best efforts' will be entered into these fields to communicate to the FEC that all above steps were taken. If we are able to obtain missing employer/occupation information, we will amend our report to include the updated information.

Form/Schedule: F3XN Transaction ID:

During this period, the PAC repaid \$13,000 of the Debt to "STEPHANIE MASTROIANNI". The invoices that are being reimbursed, are attached to this report as MEMO Schedule B21's, all dated 09-01-2021, with MEMO TEXT designating them part of the reimbursement. The invoices original date is included in the MEMO TEXT as well.

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F3XN Transaction ID :

Any Schedule E that did not clear by close of books, has been marked MEMO, and carried on Schedule D into 2022.

Form/Schedule: Transaction ID:

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	statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle II		Date of Receipt
Mailing Address 23442 EL TORO RD APT W219		09 08 2021
City	State Zip Code	Transaction ID : SA11AI-26404445
LAKE FOREST	CA 92630	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	35.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	325.00	
Full Name of Individual (Last, First, Middle In ALFORD, JAMES, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 23442 EL TORO RD		M = M / D = D / Y = Y = Y
APT W219	State 7in Code	09 30 2021
City	State Zip Code CA 92630	Transaction ID: SA11AI-26409125
LAKE FOREST	CA 92630	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	325.00	
Full Name of Individual (Last, First, Middle In ALFORD, JAMES, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 23442 EL TORO RD APT W219		09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI-26409265
LAKE FOREST	CA 92630	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	325.00	
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line numbe	r only)	

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$\overline{\ }$	NAME OF COMMITTEE (In Full)					
\rangle	UNITED WOMEN'S HEALTH ALI	_IAN	CE F	PAC		
Α.	Full Name of Individual (Last, First, Middle Initial ALFORD, JAMES, , ,) or Fu	ıll Orga	nization Name		Date of Receipt
	Mailing Address 23442 EL TORO RD APT W219					10 05 2021
	City	State)	Zip Code		Transaction ID : SA11AI-26409915
	LAKE FOREST	CA		92630		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С				35.00
	Name of Employer (for Individual)		Occupa	tion (for Individual)		Memo Item
	Retired		Retired	,		_
	Receipt For:	Aggrag	nata Va	ar-to-Date ▼		
	Primary General	~ggi eç	jale 16	ai-to-Date v	- 1	
	Other (specify) ▼		1 7	325.00	4	
В.	Full Name of Individual (Last, First, Middle Initial ALFORD, JAMES, , ,) or Fu	ıll Orga	nization Name		Date of Receipt
	Mailing Address 23442 EL TORO RD					M M / D D / Y Y Y Y
	APT W219	04-4-		Zin Cada		12 28 2021
	City	State)	Zip Code		Transaction ID : SA11AI-26425803
	LAKE FOREST	CA		92630		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С				50.00
	Name of Employer (for Individual) Retired		Occupa Retired	ition (for Individual)		Memo Item
		Aggreg	gate Yea	ar-to-Date ▼		
	Primary General Other (specify) ▼		•	325.00]	
<u> </u>	Full Name of Individual (Last, First, Middle Initial ALFORD, JAMES, , ,) or Fu	ıll Orga	nization Name		Date of Receipt
	Mailing Address 23442 EL TORO RD					12 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	APT W219 City	State)	Zip Code	\dashv	Transaction ID : SA11AI-26426271
	LAKE FOREST	CA		92630		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С				50.00
	Name of Employer (for Individual) Retired		Occupa Retired	tion (for Individual)		Memo Item
	Possint For:					
	Primary General	Aggreg	gate Yea	ar-to-Date ▼	_	
	Other (specify)			325.00	Ц	
s	UBTOTAL of Receipts This Page (optional)				•	135.00
	OTAL This Period (last page this line number on			<u> </u>	_	
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	ports and Statements may not be sold or used by any pers in using the name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HE	ALTH ALLIANCE PAC	
ANASTASI, JOHN, , , Mailing Address 3180 N LAKE SHO	, Middle Initial) or Full Organization Name DRE DR	Date of Receipt
APT 22H City	State Zip Code	07 02 2021 Transaction ID : SA11AI-26391577
CHICAGO	IL 60657	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	15.00
Name of Employer (for Individual)	Occupation (for Individual) Retired	Memo Item
Retired Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	
Full Name of Individual (Last, First ANASTASI, JOHN, , , Mailing Address 3180 N LAKE SHO	, Middle Initial) or Full Organization Name	Date of Receipt
APT 22H	DKE DK	07 07 2021
City	State Zip Code	Transaction ID : SA11AI-26392555
CHICAGO	IL 60657	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	
Full Name of Individual (Last, First ANASTASI, JOHN, , ,	, Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 3180 N LAKE SHO APT 22H City	ORE DR State Zip Code	07 14 2021 Transaction ID : SA11AI-26393661
CHICAGO	IL 60657	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	540.00	
SUBTOTAL of Receipts This Page (optional)	55.00
TOTAL This Period (last page this lin	ne number only)	

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or	y information copied from such Reports and St for commercial purposes, other than using the	name an	may not be sold or used by any pers d address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AI	LLIAN	CE PAC					
A.	Full Name of Individual (Last, First, Middle Initi ANASTASI, JOHN, , , Mailing Address 3180 N LAKE SHORE DR	ial) or Fu	ll Organization Name	Date of Receipt				
	APT 22H			07 26 2021				
	City	State	Zip Code	Transaction ID : SA11AI-26395873				
	CHICAGO	IL	60657	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		35.00				
	Name of Employer (for Individual) Retired		Occupation (for Individual)	Memo Item				
	Receipt For: Primary General Other (specify) ▼		ate Year-to-Date ▼ 540.00					
В.	Full Name of Individual (Last, First, Middle Initi ANASTASI, JOHN, , ,	ial) or Fu	ll Organization Name	Date of Receipt				
	Mailing Address 3180 N LAKE SHORE DR APT 22H			08 16 2021				
	City	State	Zip Code	Transaction ID : SA11AI-26399787				
	CHICAGO	IL	60657	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	y III						
	Name of Employer (for Individual) Retired		Occupation (for Individual) Retired	Memo Item				
	Receipt For: Primary General Other (specify) ▼	ate Year-to-Date ▼ 540.00						
	Full Name of Individual (Last, First, Middle Initi ANASTASI, JOHN, , ,	ial) or Fu	ll Organization Name	Date of Receipt				
	Mailing Address 3180 N LAKE SHORE DR APT 22H City	State	Zip Code	08 25 2021 Transaction ID : SA11Al-26401677				
	CHICAGO	IL	60657	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		30.00				
	Name of Employer (for Individual) Retired		Occupation (for Individual) Retired	Memo Item				
	Receipt For:	Aggreg	ate Year-to-Date ▼					
	Primary General Other (specify)		540.00					
	UBTOTAL of Receipts This Page (optional) DTAL This Period (last page this line number of		<u> </u>	85.00				

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				on for the purpose of soliciting contributions solicit contributions from such committee.
\	OF COMMITTEE (In Full) ED WOMEN'S HEALTH AL	LIANCE F	PAC	
A. ANAS	me of Individual (Last, First, Middle Initia TASI, JOHN, , , Address 3180 N LAKE SHORE DR	al) or Full Orga	anization Name	Date of Receipt
0.7	APT 22H	01-1	Zin Onda	10 29 2021
City CHICA	GO	State IL	Zip Code 60657	Transaction ID : SA11AI-26414677
		1 -	00001	Amount of Each Receipt this Period
	number of contributing political committee.		100.00	
Name o	of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
Retired		Retired	d	
	For: rimary	Aggregate Ye	ear-to-Date ▼ 540.00	
a. ANAS	me of Individual (Last, First, Middle Initia STASI, JOHN, , ,	al) or Full Orga	anization Name	Date of Receipt
Mailing	Address 3180 N LAKE SHORE DR APT 22H			11 16 2021
City	APT ZZII	State	Zip Code	Transaction ID : SA11AI-26417723
CHICA	GO	IL	60657	Amount of Each Receipt this Period
	number of contributing political committee.	С		35.00
Name of Retired	of Employer (for Individual)	Occupa Retired	ation (for Individual)	Memo Item
	For: rimary	Aggregate Ye	ear-to-Date ▼ 540.00	
	me of Individual (Last, First, Middle Initia	al) or Full Orga	anization Name	Date of Receipt
Mailing City	Address 3180 N LAKE SHORE DR APT 22H	State	Zip Code	11 18 2021 Transaction ID : SA11Al-26418189
CHICA	GO	IL	60657	Amount of Each Receipt this Period
	number of contributing political committee.	С		40.00
Retired	of Employer (for Individual)	Occupa Retired	ation (for Individual)	Memo Item
Receipt		Aggregate Ye	ear-to-Date ▼	
	rimary General ther (specify)	7	540.00	
SUBTOTA	AL of Receipts This Page (optional)		>	175.00
TOTAL T	his Period (last page this line number or	nly)	>	

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any perress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle II ANDERSON, RICHARD, , , Mailing Address 6317 LOCH MOOR DR	nitial) or Full Orga	anization Name	Date of Receipt
			10 08 2021
City	Zip Code	Transaction ID : SA11AI-26410729	
EDINA	MN	55439	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Best Efforts	Occupa Best E	ation (for Individual) fforts	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 230.00	
Full Name of Individual (Last, First, Middle II ANDERSON, RICHARD, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 6317 LOCH MOOR DR	lo		11 05 2021
City EDINA	State MN	Zip Code 55439	Transaction ID : SA11AI-26416013
FEC ID number of contributing federal political committee.	С	33703	Amount of Each Receipt this Period 200.00
Name of Employer (for Individual) Best Efforts	Occupa Best E	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 230.00	
Full Name of Individual (Last, First, Middle In APICELLA, MYRA, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 105 RUDDER RD			08 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MILLSBORO	State DE	Zip Code 19966	Transaction ID : SA11AI-26397363 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		·····	255.00
TOTAL This Period (last page this line numbe	r only)		

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may r	not be sold or used by any pe ess of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC	
Full Name of Individual (Last, First, Middle I APICELLA, MYRA, , , Mailing Address 105 RUDDER RD	nitial) or Full Orga	nization Name	Date of Receipt
			08 13 2021
City	Transaction ID : SA11AI-26399327		
MILLSBORO	DE	19966	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle I APICELLA, MYRA, , , Mailing Address 105 RUDDER RD	nitial) or Full Orga	nization Name	Date of Receipt
			08 24 2021
City	State	Zip Code	Transaction ID : SA11AI-26401389
MILLSBORO	DE	19966	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle I	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 105 RUDDER RD			10 21 2021
City MILLSBORO	State DE	Zip Code 19966	Transaction ID : SA11AI-26413311
FEC ID number of contributing federal political committee.	C	1000	Amount of Each Receipt this Period 20.00
Name of Employer (for Individual)	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:	Aggregate Yea	ar-to-Date ▼	-
Primary General Other (specify)	1.55.554.6 100	300.00	
SUBTOTAL of Receipts This Page (optional)		>	80.00
TOTAL This Period (last page this line numbe	r only)		

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	Statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In APICELLA, MYRA, , , Mailing Address 105 RUDDER RD	itial) or Full Organization Name	Date of Receipt
		11 16 2021
City	State Zip Code DE 19966	Transaction ID : SA11AI-26417607
MILLSBORO	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	7 7 7	
Full Name of Individual (Last, First, Middle In APICELLA, MYRA, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 105 RUDDER RD		11 19 2021
City	State Zip Code	Transaction ID : SA11AI-26418397
MILLSBORO	DE 19966	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle In	itial) or Full Organization Name	Date of Receipt
Mailing Address 112 RIVER HONDO RD		09 09 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-26360555
CLINT	TX 79836	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	225.00	
SUBTOTAL of Receipts This Page (optional)		145.00
TOTAL This Period (last page this line number	only)	

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	Statements may not be sold or used by any perme name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle II A. ARMAS, IGNACIO, , , Mailing Address 112 RIVER HONDO RD City CLINT FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	Date of Receipt 12	
Full Name of Individual (Last, First, Middle II ARTZE, MARIA, , , Mailing Address 14811 SW 50TH TER City MIAMI FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) This is the state of t	State Zip Code FL 33185 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 220.00	Date of Receipt 07
Full Name of Individual (Last, First, Middle II ARTZE, MARIA, , , Mailing Address 14811 SW 50TH TER City MIAMI FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code FL 33185 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼	Date of Receipt 08 13 2021 Transaction ID: SA11AI-26353465 Amount of Each Receipt this Period 30.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	>	195.00
TOTAL This Period (last page this line numbe	er only)	

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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may nathe name and address	ot be sold or used by any peess of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle ARTZE, MARIA, , , Mailing Address 14811 SW 50TH TER	Initial) or Full Orgar	Date of Receipt	
			09 02 2021
City MIAMI	State FL	Zip Code 33185	Transaction ID : SA11AI-26358701
	[33185	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 220.00	
Full Name of Individual (Last, First, Middle ARTZE, MARIA, , , Mailing Address 14811 SW 50TH TER	Initial) or Full Organ	nization Name	Date of Receipt
maining madress 14011 SW 30111 TER			09 16 2021
City	State	Zip Code	Transaction ID : SA11AI-26361321
MIAMI	FL	33185	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 220,00	
Full Name of Individual (Last, First, Middle ARTZE, MARIA, , ,	Initial) or Full Organ	nization Name	Date of Receipt
Mailing Address 14811 SW 50TH TER			M = M / D = D / Y = Y = Y = Y 1 1 1 18 2021
City	State FL	Zip Code	Transaction ID : SA11AI-26379039
MIAMI	I F L	33185	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For:	ar-to-Date ▼		
Primary General Other (specify)	7	220.00	
SUBTOTAL of Receipts This Page (optional).			120.00
TOTAL This Period (last page this line number	er only)		

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	Statements may not be sold or used by any person e name and address of any political committee to						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC						
Full Name of Individual (Last, First, Middle Ini		Date of Receipt					
A. ARTZE, MARIA, , ,	Mailing Address 14811 SW 50TH TER						
		12 16 2021					
City	State Zip Code	Transaction ID: SA11AI-26385509					
MIAMI	FL 33185	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	30.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Retired	Retired	_					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	30 0						
Other (specify) ▼	220.00						
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt					
Mailing Address 6527 SAPONY TRL	Mailing Address 6527 SAPONY TRL						
City	State Zip Code	08 05 2021 Transaction ID : SA11Al-26351473					
ELM CITY	NC 27822	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	20.00					
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Working	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00						
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt					
Mailing Address 6527 SAPONY TRL		08 13 2021					
City	State Zip Code	Transaction ID : SA11AI-26353841					
ELM CITY	NC 27822	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	15.00					
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Working	Memo Item					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify)	205.00						
SUBTOTAL of Receipts This Page (optional)	>	65.00					
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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name BAKER, FAYE, , , Date of Receipt Mailing Address 6527 SAPONY TRL 2021 City Zip Code State Transaction ID: SA11AI-26409953 NC **ELM CITY** 27822 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Best Efforts Working Receipt For: Aggregate Year-to-Date ▼ Primary General 205.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** BAKER, FAYE, , , Date of Receipt Mailing Address 6527 SAPONY TRL 10 2021 City State Zip Code Transaction ID: SA11AI-26373439 **ELM CITY** NC 27822 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Best Efforts Working Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 205.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. BAKER, FAYE, , , Date of Receipt Mailing Address 6527 SAPONY TRL 09 2021 City Zip Code State Transaction ID: SA11AI-26384235 NC **ELM CITY** 27822 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Best Efforts Working Receipt For: Aggregate Year-to-Date ▼ Primary General 205.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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20 OF 317 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name BAKER, FAYE, , , Date of Receipt Mailing Address 6527 SAPONY TRL 2021 City Zip Code State Transaction ID: SA11AI-26387129 NC **ELM CITY** 27822 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Best Efforts Working Receipt For: Aggregate Year-to-Date ▼ Primary General 205.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BENSON, LILA, , , Date of Receipt Mailing Address 1725 PARAGOULD DR 2021 City State Zip Code Transaction ID: SA11AI-26391579 **JONESBORO** AR 72405 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 330.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. BENSON, GREGORY, , , Date of Receipt Mailing Address 2155 OLGA ST 17 2021 City Zip Code State Transaction ID: SA11AI-26399967 CA **OXNARD** 93036 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 205.00 Other (specify) 55.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by the name and address of any political co	any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	I ALLIANCE PAC					
Full Name of Individual (Last, First, Middle BENSON, GREGORY, , , Mailing Address 2155 OLGA ST	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 2155 OLGA ST						
City	State Zip Code	Transaction ID : SA11AI-26407235				
OXNARD	CA 93036	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	20.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00				
Full Name of Individual (Last, First, Middle BENSON, GREGORY, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 2155 OLGA ST	10 22 2021					
City OXNARD	State Zip Code 93036	Transaction ID : SA11AI-26413483				
FEC ID number of contributing federal political committee.	C 93036	Amount of Each Receipt this Period 25.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 205.	00				
Full Name of Individual (Last, First, Middle BENSON, LILA, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1725 PARAGOULD DR		11 27 2021				
City JONESBORO	State Zip Code 72405	Transaction ID : SA11AI-26419551 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	55.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 330.	00				
SUBTOTAL of Receipts This Page (optional)					
TOTAL This Period (last page this line num	ber only)					

FOR LINE NUMBER:					PAGE	2	22	OF	3	317	
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		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle BENSON, GREGORY, , , Mailing Address 2155 OLGA ST	Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	12 08 2021
OXNARD	CA 93036	Transaction ID : SA11AI-26421493 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle BENSON, GREGORY, , , Mailing Address 2155 OLGA ST	Initial) or Full Organization Name	Date of Receipt
		12 15 2021
City	State Zip Code	Transaction ID : SA11AI-26422877
OXNARD	CA 93036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle BENSON, LILA, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1725 PARAGOULD DR		12 20 / Y Y Y Y Y Y Y
City JONESBORO	State Zip Code AR 72405	Transaction ID : SA11AI-26423769
	72400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	105.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 330.00	
SUBTOTAL of Receipts This Page (optional)		155.00
TOTAL This Period (last page this line numb	er only)	

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle BENSON, GREGORY, , , Mailing Address 2155 OLGA ST City OXNARD FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired	Date of Receipt 12 21 2021 Transaction ID : SA11Al-26424271 Amount of Each Receipt this Period 25.00 Memo Item	
Receipt For: Primary General Other (specify) ▼	Retired Aggregate Year-to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle BENSON, LILA, , , Mailing Address 1725 PARAGOULD DR City JONESBORO	Date of Receipt 12 21 2021 Transaction ID: SA11AI-26424123 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) Retired Aggregate Year-to-Date 330.00	Memo Item
Full Name of Individual (Last, First, Middle BENSON, LILA, , , , Mailing Address 1725 PARAGOULD DR City JONESBORO FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General	State Zip Code 72405 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼	Date of Receipt 12 23 2021 Transaction ID : SA11Al-26424947 Amount of Each Receipt this Period 45.00 Memo Item
	330.00	120.00
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Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	I ALLIANCE	PAC	
Full Name of Individual (Last, First, Middle BENSON, GREGORY, , ,	e Initial) or Full Org	ganization Name	Date of Receipt
Mailing Address 2155 OLGA ST			12 30 2021
City	State	Zip Code	Transaction ID : SA11AI-26426181
OXNARD	CA	93036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual) ed	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle B. BEVERSDORF, TOM, , ,	Date of Receipt		
Mailing Address 8433 WATERTOWN DR			07 09 2021
City	State	Zip Code	
INDIANAPOLIS	IN	46216	Transaction ID : SA11AI-26392999
FEC ID number of contributing federal political committee.	С	40210	Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Best Efforts		oation (for Individual) Efforts	Memo Item
Receipt For:	Aggregate Y	ear-to-Date ▼	
Primary General Other (specify) ▼		850.00	
Full Name of Individual (Last, First, Middle BEVERSDORF, TOM, , ,	e Initial) or Full Org	ganization Name	Date of Receipt
Mailing Address 8433 WATERTOWN DR			07 22 / 2021
City INDIANAPOLIS	State IN	Zip Code 46216	Transaction ID : SA11AI-26395431 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Best Efforts	Occup Best E	pation (for Individual)	Memo Item
Receipt For:		\dashv	
Primary General Other (specify)	Aggregate f	ear-to-Date ▼ 850.00	
SUBTOTAL of Receipts This Page (optional		·····	125.00

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Any information copied from such Reports and or for commercial purposes, other than using the		person for the purpose of soliciting contributions are to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle II BEVERSDORF, TOM, , , Mailing Address 8433 WATERTOWN DR City INDIANAPOLIS FEC ID number of contributing	State Zip Code 46216	Date of Receipt 08 19 2021 Transaction ID : SA11Al-26400691 Amount of Each Receipt this Period
federal political committee. Name of Employer (for Individual) Best Efforts Receipt For: Primary General Other (specify) ▼	Memo Item	
Full Name of Individual (Last, First, Middle II BEVERSDORF, TOM, , , Mailing Address 8433 WATERTOWN DR City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Best Efforts Receipt For: Primary General Other (specify)	State Zip Code 46216 C Occupation (for Individual) Best Efforts Aggregate Year-to-Date ▼	Date of Receipt 08 26 2021 Transaction ID: SA11AI-26402221 Amount of Each Receipt this Period 50.00 Memo Item
Full Name of Individual (Last, First, Middle II BEVERSDORF, TOM, , , Mailing Address 8433 WATERTOWN DR City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Best Efforts Receipt For: Primary Other (specify)	State Zip Code IN 46216 C Occupation (for Individual) Best Efforts Aggregate Year-to-Date ▼	Date of Receipt 08 26 2021 Transaction ID: SA11AI-26402227 Amount of Each Receipt this Period 100.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		200.00
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PA	AC	
Full Name of Individual (Last, First, Middle In BEVERSDORF, TOM, , , Mailing Address 8433 WATERTOWN DR	nitial) or Full Organ	ization Name	Date of Receipt M M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D
City	State	Zip Code	Transaction ID : SA11AI-26404297
INDIANAPOLIS	IN	46216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Best Efforts	Occupati Best Effo	on (for Individual) orts	Memo Item
Receipt For: Primary General Other (specify) ▼			
Full Name of Individual (Last, First, Middle II BEVERSDORF, TOM, , , Mailing Address 8433 WATERTOWN DR	nitial) or Full Organ	ization Name	Date of Receipt
			09 07 2021
City	State	Zip Code	Transaction ID : SA11AI-26404299
INDIANAPOLIS	IN	46216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Best Efforts	Occupat Best Eff	ion (for Individual) orts	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 850.00	
Full Name of Individual (Last, First, Middle In BEVERSDORF, TOM, , ,	nitial) or Full Organ	ization Name	Date of Receipt
Mailing Address 8433 WATERTOWN DR			10 07 2021
City INDIANAPOLIS	State IN	Zip Code 46216	Transaction ID : SA11AI-26410569
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Best Efforts	Occupati Best Effo	ion (for Individual) orts	Memo Item
Receipt For: Primary General	Aggregate Year	r-to-Date ▼	
Other (specify)	4	850.00	
SUBTOTAL of Receipts This Page (optional)			150.00
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Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PA	AC					
Full Name of Individual (Last, First, Middle BEVERSDORF, TOM, , ,	Initial) or Full Organ	nization Name	Date of Receipt				
Mailing Address 8433 WATERTOWN DR			10 26 2021				
City	State	Zip Code	Transaction ID : SA11AI-26413867				
INDIANAPOLIS	IN	46216	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		100.00				
Name of Employer (for Individual) Best Efforts	Occupat Best Effe	ion (for Individual) orts	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 850.00					
Full Name of Individual (Last, First, Middle BEVERSDORF, TOM, , ,	Initial) or Full Organ	nization Name	Date of Receipt				
Mailing Address 8433 WATERTOWN DR							
City	State	Zip Code	Transaction ID : SA11AI-26417439				
INDIANAPOLIS	IN	46216	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		100.00				
Name of Employer (for Individual) Best Efforts	Occupat Best Eff	ion (for Individual) orts	Memo Item				
Receipt For: Primary General	Aggregate Yea	r-to-Date ▼					
Other (specify) ▼	4	850,00					
Full Name of Individual (Last, First, Middle BEVERSDORF, TOM, , ,	Initial) or Full Organ	nization Name	Date of Receipt				
Mailing Address 8433 WATERTOWN DR			12 27 2021				
City INDIANAPOLIS	State IN	Zip Code 46216	Transaction ID : SA11Al-26425511 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		100.00				
			Memo Item				
Name of Employer (for Individual) Best Efforts	Occupat Best Effo	ion (for Individual) orts					
Receipt For:	Aggregate Yea	r-to-Date ▼					
Primary General Other (specify)	7	850.00					
SUBTOTAL of Receipts This Page (optional)		>	300.00				
TOTAL This Period (last page this line numb	per only)						

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name BISGROVE, RICHARD, , , Date of Receipt Mailing Address 15091 FORD RD **APT 404** 2021 City Zip Code State Transaction ID: SA11AI-26401897 MI **DEARBORN** 48126 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 265.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BISGROVE, RICHARD, , , Date of Receipt Mailing Address 15091 FORD RD 2021 **APT 404** City State Zip Code Transaction ID: SA11AI-26360693 **DEARBORN** MI 48126 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 265.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. BISGROVE, RICHARD, , Date of Receipt Mailing Address 15091 FORD RD 23 2021 **APT 404** City State Zip Code Transaction ID: SA11AI-26418839 MI **DEARBORN** 48126 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 265.00 Other (specify) 105.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini BISGROVE, RICHARD, , , Mailing Address 15091 FORD RD APT 404 City DEARBORN FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code MI 48126 C Occupation (for Individual) Retired Aggregate Year-to-Date 265.00	Date of Receipt 12 01 2021 Transaction ID : SA11AI-26420207 Amount of Each Receipt this Period 25.00 Memo Item
Full Name of Individual (Last, First, Middle Ini BISGROVE, RICHARD, , , Mailing Address 15091 FORD RD APT 404 City DEARBORN FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code MI 48126 C Occupation (for Individual) Retired Aggregate Year-to-Date 265.00	Date of Receipt 12 17 2021 Transaction ID: SA11Al-26423147 Amount of Each Receipt this Period 50.00 Memo Item
Full Name of Individual (Last, First, Middle Ini BLACK, ANTHONY, , , Mailing Address 1305 NORTHCLIFF AVE APT B13 City NORMAN FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code OK 73071 C Occupation (for Individual) Retired Aggregate Year-to-Date 280.00	Date of Receipt M 08
SUBTOTAL of Receipts This Page (optional)	<u> </u>	110.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 30 OF 317 Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle I BLACK, ANTHONY, , , Mailing Address 1305 NORTHCLIFF AVE	nitial) or Full Orga	anization Name	Date of Receipt
APT B13			08 09 2021
City	State	Zip Code	Transaction ID: SA11AI-26398407
NORMAN	ОК	73071	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 280.00	
Full Name of Individual (Last, First, Middle II BLACK, ANTHONY, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 1305 NORTHCLIFF AVE APT B13 City	State	Zip Code	12 08 2021
NORMAN	OK	73071	Transaction ID : SA11Al-26421499 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) Retired	Occup: Retire	ation (for Individual) d	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 280.00	
Full Name of Individual (Last, First, Middle III). BLACK, ANTHONY, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 1305 NORTHCLIFF AVE APT B13	lou :		12 17 2021
City NORMAN	State OK	Zip Code 73071	Transaction ID : SA11AI-26423217
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 75.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 280.00	
SUBTOTAL of Receipts This Page (optional)		>	210.00
TOTAL This Period (last page this line numbe	r only)		

FOR LINE NUMBER:						PAGE	3	31	OF	•	317
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	the name and address of any political committee t	
NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle BOERBOOM, NEIL, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 415 N 1ST ST APT 502		07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-26392037
MINNEAPOLIS	MN 55401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	406.00	
Full Name of Individual (Last, First, Middle BOERBOOM, NEIL, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 415 N 1ST ST		M = M / D = D / Y = Y = Y
APT 502	Chate 72 C	12 01 2021
City	State Zip Code	Transaction ID : SA11AI-26420277
MINNEAPOLIS	MN 55401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	153.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼]
Primary General Other (specify) ▼	406.00	
Full Name of Individual (Last, First, Middle BOERBOOM, NEIL, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 415 N 1ST ST APT 502		12 01 2021
City	State Zip Code	Transaction ID : SA11AI-26420395
MINNEAPOLIS	MN 55401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	153.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	406.00	
SUBTOTAL of Receipts This Page (optional)		406.00
TOTAL This Davied (last near this line and I	er only)	
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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC									
Α.	Full Name of Individual (Last, First, Middle Initial BOOTH, ROBERT, , ,	Date of Receipt								
	Mailing Address 1660 GRANDLE CT			07 01 2021						
	City CINCINNATI	State OH	Zip Code 45230	Transaction ID : SA11AI-26340963						
	FEC ID number of contributing federal political committee.	C	10200	Amount of Each Receipt this Period 50.00						
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) ed	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 250.00							
В.	Full Name of Individual (Last, First, Middle Initial BOOTH, ROBERT, , ,	al) or Full Org	panization Name	Date of Receipt						
	Mailing Address 1660 GRANDLE CT	Mailing Address 1660 GRANDLE CT								
	City CINCINNATI	State OH	Zip Code 45230	Transaction ID : SA11AI-26364469						
	FEC ID number of contributing federal political committee.	С	43230	Amount of Each Receipt this Period 50.00						
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual)	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.00							
С .	Full Name of Individual (Last, First, Middle Initial BOOTH, ROBERT, , ,	al) or Full Org	anization Name	Date of Receipt						
	Mailing Address 1660 GRANDLE CT			10 14 2021						
	City CINCINNATI	State OH	Zip Code 45230	Transaction ID : SA11AI-26369045 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) d	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 250.00							
H	COTAL This Period (last page this line number o			150.00						

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	Statements may not be sold or used by any per- ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In BOOTH, ROBERT, , , Mailing Address 1660 GRANDLE CT City CINCINNATI FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired	Date of Receipt 11 26 2021 Transaction ID : SA11AI-26380851 Amount of Each Receipt this Period 100.00 Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle Ir BRADY, NANCY, , , Mailing Address 8808 OMEARA CT City BAKERSFIELD FEC ID number of contributing	Date of Receipt 07 15 2021 Transaction ID : SA11Al-26346091 Amount of Each Receipt this Period	
Receipt For: Primary Other (specify) ▼ Rederal political committee. Receipt For Individual) General	Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 280.00	Memo Item
Full Name of Individual (Last, First, Middle In BRADY, NANCY, , , Mailing Address 8808 OMEARA CT City BAKERSFIELD FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code CA 93311 C Occupation (for Individual) Retired Aggregate Year-to-Date 280.00	Date of Receipt O7 21 2021 Transaction ID : SA11AI-26395097 Amount of Each Receipt this Period 35.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	>	170.00
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER:						PAGE		34	OF	3	317
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	Statements may not be sold or used by any pers e name and address of any political committee to				
NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC				
Full Name of Individual (Last, First, Middle In BRADY, NANCY, , ,	itial) or Full Organization Name	Date of Receipt			
Mailing Address 8808 OMEARA CT		08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID: SA11AI-26399383			
BAKERSFIELD	CA 93311	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	35.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
Retired	Retired	_			
Receipt For:	Aggregate Year-to-Date ▼	1			
Primary General					
Other (specify) ▼	280.00				
Full Name of Individual (Last, First, Middle In BRADY, NANCY, , ,	itial) or Full Organization Name	Date of Receipt			
Mailing Address 8808 OMEARA CT		09 28 2021			
City	State Zip Code	Transaction ID : SA11AI-26408641			
BAKERSFIELD	CA 93311	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	35.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00				
Full Name of Individual (Last, First, Middle In	itial) or Full Organization Name	Date of Receipt			
Mailing Address 8808 OMEARA CT		10 08 2021			
City	State Zip Code	Transaction ID : SA11AI-26410685			
BAKERSFIELD	CA 93311	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	Name of Employer (for Individual) Occupation (for Individual)				
Name of Employer (for Individual) Retired					
Receipt For:	Aggregate Year-to-Date ▼	1			
Primary General					
Other (specify)	280.00				
SUBTOTAL of Receipts This Page (optional)		105.00			
TOTAL This Period (last page this line number	only)				

FOR LINE NUMBER:						PAGE	: ;	35	OF	•	317
(check only one)											
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC			
Full Name of Individual (Last, First, Middle In BRADY, NANCY, , , Mailing Address 8808 OMEARA CT	Date of Receipt				
Mailing Address 8808 OMEARA CT			12 24 2021		
City	State CA	Zip Code	Transaction ID : SA11AI-26424955		
BAKERSFIELD	CA	93311	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		35.00		
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 280.00			
Full Name of Individual (Last, First, Middle II BRAVO, BONNIE, , , Mailing Address 3660 VISTA CAMPANA N	nitial) or Full Orga	nization Name	Date of Receipt		
	1-	I	12 20 2021		
City OCEANSIDE	State	Zip Code 92057	Transaction ID : SA11Al-26423913 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	CC ID number of contributing				
Name of Employer (for Individual) Best Efforts	Occupa Best E	ation (for Individual)	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 225.00			
Full Name of Individual (Last, First, Middle I	nitial) or Full Orga	nization Name	Date of Receipt		
Mailing Address 9071 W SHARON WAY			07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City LA HABRA	State CA	Zip Code 90631	Transaction ID : SA11AI-26341303 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	ID number of contributing				
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 260.00			
SUBTOTAL of Receipts This Page (optional)		•	235.00		
TOTAL This Period (last page this line numbe	r onlv)				

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC				
Full Name of Individual (Last, First, Middle I BRICK, LARRY, , , Mailing Address 9071 W SHARON WAY	Date of Receipt					
City	State	Zip Code	08 13 2021			
LA HABRA	CA	90631	Transaction ID : SA11AI-26353585 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		50.00			
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) d	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 260.00				
Full Name of Individual (Last, First, Middle I BRICK, LARRY, , , Mailing Address 9071 W SHARON WAY	Initial) or Full Orga	anization Name	Date of Receipt 10 07 2021			
City	State	Zip Code	Transaction ID : SA11AI-26367115			
LA HABRA	CA	90631	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		35.00			
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) d	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 260.00				
Full Name of Individual (Last, First, Middle I	Initial) or Full Orga	anization Name	Date of Receipt			
Mailing Address 9071 W SHARON WAY	I -		12 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City LA HABRA	State CA	Zip Code 90631	Transaction ID : SA11AI-26382525 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	EC ID number of contributing					
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 260.00				
SUBTOTAL of Receipts This Page (optional)		·····	160.00			
TOTAL This Period (last page this line number	er only)					

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	and Statements may not be sold or used by any pers ng the name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALT	TH ALLIANCE PAC	
Full Name of Individual (Last, First, Midd BROADWATER, WILMA, , ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 419 W MAIN ST		08 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-26401975
OAKDALE	IL 62268	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	230.00	
Full Name of Individual (Last, First, Midd BROADWATER, WILMA, , ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 419 W MAIN ST		08 27 2021
City	State Zip Code	Transaction ID : SA11Al-26402307
OAKDALE	IL 62268	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	230.00	
Full Name of Individual (Last, First, Midd BROADWATER, WILMA, , ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 419 W MAIN ST		09 17 2021
City	State Zip Code	Transaction ID : SA11AI-26406705
OAKDALE	IL 62268	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer (for Individual)	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	230.00	
SUBTOTAL of Receipts This Page (option	nal)	85.00
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P.	AC					
Full Name of Individual (Last, First, Middle BROADWATER, WILMA, , , Mailing Address 419 W MAIN ST	Initial) or Full Organ	nization Name	Date of Receipt				
Maining Addition 419 W MAIN 01			12 02 2021				
City	State	Zip Code	Transaction ID: SA11AI-26420553				
OAKDALE	IL	62268	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	60.00						
Name of Employer (for Individual) Retired							
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 230.00					
Full Name of Individual (Last, First, Middle BROADWATER, WILMA, , ,	Initial) or Full Orgar	nization Name	Date of Receipt				
Mailing Address 419 W MAIN ST			12 23 2021				
City	State	Zip Code	Transaction ID : SA11AI-26424833				
OAKDALE	IL	62268	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		50.00				
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ur-to-Date ▼ 230.00]				
Full Name of Individual (Last, First, Middle BROWN, CORNELIA, , ,	Initial) or Full Organ	nization Name	Date of Receipt				
Mailing Address 1955 SAN PABLO AVE APT 220B			07 04 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City OAKLAND	State CA	Zip Code 94612	Transaction ID : SA11Al-26391735 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		35.00				
Name of Employer (for Individual) Retired	Occupat Retired	ion (for Individual)	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Yea	r-to-Date ▼ 345.00					
SUBTOTAL of Receipts This Page (optional))	145.00				
TOTAL This Period (last page this line numb	per only)						

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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini BROWN, CORNELIA, , , Mailing Address 1955 SAN PABLO AVE APT 220B City OAKLAND FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State Zip Code CA 94612 C Occupation (for Individual)	Date of Receipt 07 08 2021 Transaction ID: SA11AI-26343701 Amount of Each Receipt this Period 35.00 Memo Item
Retired Receipt For: Primary General Other (specify) ▼	Retired Aggregate Year-to-Date ▼ 345.00	
Full Name of Individual (Last, First, Middle Ini BROWN, CORNELIA, , , Mailing Address 1955 SAN PABLO AVE APT 220B City OAKLAND FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) Other (specify)	State Zip Code CA 94612 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 345.00	Date of Receipt 07 08 2021 Transaction ID: SA11AI-26392773 Amount of Each Receipt this Period 35.00 Memo Item
Full Name of Individual (Last, First, Middle Ini BROWN, CORNELIA, , , Mailing Address 1955 SAN PABLO AVE APT 220B City OAKLAND FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	tial) or Full Organization Name State	Date of Receipt 07 12 2021 Transaction ID : SA11AI-26393191 Amount of Each Receipt this Period 35.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	>	105.00
TOTAL This Period (last page this line number	only)	

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		used by any person for the purpose of soliciting contributions tical committee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC							
Full Name of Individual (Last, First, Middle I BROWN, WILLIAM, , , Mailing Address 100 SECLUDED PL	nitial) or Full Organization Name	Date of Receipt						
		08 10 2021						
City	State Zip Code CA 94549	Transaction ID: SA11AI-26398665						
LAFAYETTE	CA 94549	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	ů l							
Name of Employer (for Individual) Retired	ual) Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	320.00						
Full Name of Individual (Last, First, Middle I BROWN, WILLIAM, , , Mailing Address 100 SECLUDED PL	nitial) or Full Organization Name	Date of Receipt						
		08 23 2021						
City	State Zip Code CA 94549	Transaction ID : SA11AI-26401157						
LAFAYETTE	CA 94549	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	20.00						
Name of Employer (for Individual) Retired	Occupation (for Individual Retired	lual) Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	320.00						
Full Name of Individual (Last, First, Middle I BROWN, CORNELIA, , ,	nitial) or Full Organization Name	Date of Receipt						
Mailing Address 1955 SAN PABLO AVE APT 220B		08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City OAKLAND	State Zip Code CA 94612	Transaction ID : SA11AI-26402257 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	35.00						
Name of Employer (for Individual) Retired	Occupation (for Individu	ual) Memo Item						
Receipt For: Primary General	Aggregate Year-to-Date ▼							
Other (specify)		345.00						
SUBTOTAL of Receipts This Page (optional)		130.00						
TOTAL This Period (last page this line number	er only)							

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALI	LIANCE	PAC	
۱	Full Name of Individual (Last, First, Middle Initial BROWN, CORNELIA, , ,) or Full Org	anization Name	Date of Receipt
1	Mailing Address 1955 SAN PABLO AVE APT 220B			09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
(City	State	Zip Code	Transaction ID : SA11AI-26403319
_	OAKLAND	CA	94612	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		35.00
1	Name of Employer (for Individual)	Occup	eation (for Individual)	Memo Item
F	Retired	Retire	d	
Ē		Aggregate Ye	ear-to-Date ▼	
	Primary General Other (specify) ▼		345.00	
3	Full Name of Individual (Last, First, Middle Initial BROWN, CORNELIA, , ,) or Full Org	anization Name	Date of Receipt
ľ	Mailing Address 1955 SAN PABLO AVE APT 220B			09 08 2021
(City	State	Zip Code	Transaction ID : SA11AI-26404505
_	OAKLAND	CA	94612	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual)	Memo Item
F	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 345.00	
	Full Name of Individual (Last, First, Middle Initial BROWN, CORNELIA, , ,) or Full Org	anization Name	Date of Receipt
_	Mailing Address 1955 SAN PABLO AVE APT 220B City	State	Zip Code	09 21 2021 Transaction ID: SA11Al-26407229
	OAKLAND	CA	94612	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
1	Name of Employer (for Individual) Retired	Occup Retired	ation (for Individual)	Memo Item
Ē		Aggregate Ye	ear-to-Date ▼	
	Primary General Other (specify)		345.00	
SU	JBTOTAL of Receipts This Page (optional)		····	135.00
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle I BROWN, WILLIAM, , , Mailing Address 100 SECLUDED PL	nitial) or Full Orgar	nization Name	Date of Receipt
			11 27 2021
City	State CA	Zip Code	Transaction ID : SA11AI-26419475
LAFAYETTE	CA	94549	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		55.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ur-to-Date ▼ 320.00	
Full Name of Individual (Last, First, Middle I BUDDINGH, HENRY, , , Mailing Address 1689 JUNIPER ST	nitial) or Full Organ	nization Name	Date of Receipt
			11 01 2021
City	State	Zip Code	Transaction ID : SA11AI-26415027
LIVERMORE	CA	94551	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ur-to-Date ▼ 250,00	
Full Name of Individual (Last, First, Middle I	nitial) or Full Organ	nization Name	Date of Receipt
Mailing Address 1689 JUNIPER ST			11 22 / 2021
City LIVERMORE	State CA	Zip Code 94551	Transaction ID : SA11AI-26418667
FEC ID number of contributing	С	34301	Amount of Each Receipt this Period 50.00
federal political committee.			
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For: Primary General	Aggregate Yea		
Other (specify)		250.00	
SUBTOTAL of Receipts This Page (optional)		·····	155.00
TOTAL This Period (last page this line numbe	er only)		

Use separate schedule(s) for each category of the Detailed Summary Page

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	ny information copied from such Reports and St for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AI	LIANCE I	PAC						
Α.	Full Name of Individual (Last, First, Middle Initial BUDDINGH, HENRY, , ,	al) or Full Org	anization Name	Date of Receipt					
	Mailing Address 1689 JUNIPER ST			12 20 2021					
	City	State	Zip Code	Transaction ID : SA11AI-26424037					
	LIVERMORE	CA	94551	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) Retired	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00						
В.	Full Name of Individual (Last, First, Middle Initi BURROUGHS, ROBERT, , ,	al) or Full Org	anization Name	Date of Receipt					
	Mailing Address 3315 33RD PL N	08 18 2021							
	City	State	Zip Code	Transaction ID : SA11AI-26400137					
	BIRMINGHAM	AL	35207	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) Retired	Occup Retire	Memo Item						
	Receipt For:	Aggregate Ye	ear-to-Date ▼						
	Primary General Other (specify) ▼	Primary General							
С .	Full Name of Individual (Last, First, Middle Initi	al) or Full Org	anization Name	Date of Receipt					
	Mailing Address 3315 33RD PL N			09					
	City	State AL	Zip Code 35207	Transaction ID : SA11AI-26359853					
	BIRMINGHAM	AL	35207	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual)		ation (for Individual)	Memo Item					
	Retired	Retired	d						
	Receipt For:	Aggregate Ye	ear-to-Date ▼						
	Other (specify) General								
S	SUBTOTAL of Receipts This Page (optional)		· · · · · · · · · · · · · · · · · · ·	150.00					
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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini BURROUGHS, ROBERT, , , , Mailing Address 3315 33RD PL N	tial) or Full Organization Name	Date of Receipt
City	State Zip Code	10 08 2021 Transaction ID : SA11AI-26410757
FEC ID number of contributing federal political committee.	AL 35207	Amount of Each Receipt this Period 75.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	
Full Name of Individual (Last, First, Middle Ini BURROUGHS, ROBERT, , , Mailing Address 3315 33RD PL N	Date of Receipt	
City BIRMINGHAM	State Zip Code AL 35207	12 17 2021 Transaction ID : SA11AI-26423103 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Occupation (for Individual)	100.00 Memo Item
Retired Receipt For: Primary General Other (specify) ▼	Retired Aggregate Year-to-Date ▼ 410.00	
Full Name of Individual (Last, First, Middle Ini BURROUGHS, ROBERT, , ,	tial) or Full Organization Name	Date of Receipt
Mailing Address 3315 33RD PL N City BIRMINGHAM FEC ID number of contributing federal political committee.	State Zip Code AL 35207	Transaction ID : SA11Al-26425501 Amount of Each Receipt this Period 35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 410.00	
SUBTOTAL of Receipts This Page (optional)	>	210.00
TOTAL This Period (last page this line number	only)	

F	FOR LINE NUMBER:						- 4	15	OF	•	317
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Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	
NAME OF COMMITTEE (In Full)	LLIANOE BAO	
UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt
Mailing Address 25849 PA-29		07 26 2021
City	State Zip Code	Transaction ID : SA11AI-26395919
HALLSTEAD	WI 18822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	250.00	
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt
Mailing Address 25849 PA-29		09 09 2021
City	State Zip Code	Transaction ID : SA11AI-26404893
HALLSTEAD	WI 18822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt
Mailing Address 25849 PA-29		M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-26416755
HALLSTEAD	WI 18822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)		85.00
TOTAL This Period (last page this line number	only)	

		LINE	PAGE	 16	OF	:	317			
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	statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In CASSELBURY, SUSIE, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 25849 PA-29		11 23 2021
City HALLSTEAD	State Zip Code WI 18822	Transaction ID : SA11AI-26418861
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 40.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle In CASSELBURY, SUSIE, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 25849 PA-29		12 27 2021
City HALLSTEAD	State Zip Code WI 18822	Transaction ID : SA11AI-26425563 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle In COLLINS, BEN, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1225 RIVEROAKS DR		08 13 2021
City COLONIAL HEIGHTS	State Zip Code VA 23834	Transaction ID : SA11AI-26352979 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 205.00	
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line number	r only)	

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Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle COLLINS, BEN, , , Mailing Address 1225 RIVEROAKS DR	Initial) or Full Orga	nization Name	Date of Receipt
City	Ctoto	Zin Codo	12 21 2021
City COLONIAL HEIGHTS	State VA	Zip Code 23834	Transaction ID : SA11AI-26424287
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 155.00
Name of Employer (for Individual) Retired Receipt For:	Retired	tion (for Individual)	Memo Item
Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 205.00]
Full Name of Individual (Last, First, Middle CONNER, JOHN, , , Mailing Address 512 S MARKET ST	Initial) or Full Orga	nization Name	Date of Receipt
City	State	Zip Code	07 05 2021
WINAMAC	IN	46996	Transaction ID: SA11AI-26391889 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 205.00]
Full Name of Individual (Last, First, Middle CONNER, JOHN, , ,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 512 S MARKET ST	Charles	Zin Codo	08 31 2021
City WINAMAC	State IN	Zip Code 46996	Transaction ID : SA11AI-26403167 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer (for Individual) Retired	Occupati Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 205.00	
SUBTOTAL of Receipts This Page (optional).			225.00
TOTAL This Period (last page this line number	er only)		

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle CONNER, JOHN, , , Mailing Address 512 S MARKET ST	Initial) or Full Orga	nization Name	Date of Receipt
		T	09 30 2021
City WINAMAC	State IN	Zip Code 46996	Transaction ID : SA11AI-26409161
	IIV	40990	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle CONNER, JOHN, , , Mailing Address 512 S MARKET ST	Initial) or Full Organ	nization Name	Date of Receipt
			11 03 2021
City	State	Zip Code	Transaction ID : SA11AI-26415569
WINAMAC	IN	46996	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle CONNER, JOHN, , ,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 512 S MARKET ST			12 09 / Y = Y = Y = Y
City WINAMAC	State	Zip Code 46996	Transaction ID : SA11AI-26421799
-	114	40330	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify)	1 2	205.00	
SUBTOTAL of Receipts This Page (optional).			135.00
TOTAL This Period (last page this line number	er only)		

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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be the name and address of	e sold or used by any per of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC		
Full Name of Individual (Last, First, Middle COOPER, SANDRA, , ,	Initial) or Full Organizati	on Name	Date of Receipt
Mailing Address 534 NITA DR			07 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		Code	Transaction ID : SA11AI-26395525
FULTON	MS 38	3843	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	75.00		
Name of Employer (for Individual) Retired	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-I	Oate ▼ 340.00	
Full Name of Individual (Last, First, Middle COOPER, SANDRA, , ,	Initial) or Full Organizati	on Name	Date of Receipt
Mailing Address 534 NITA DR			08 12 2021
City	'	Code	Transaction ID : SA11AI-26399207
FULTON	MS 38	843	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Retired	Occupation (Retired	for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-I	Oate ▼ 340.00	
Full Name of Individual (Last, First, Middle COOPER, SANDRA, , ,	Initial) or Full Organization	on Name	Date of Receipt
Mailing Address 534 NITA DR			09
City FULTON		Code 843	Transaction ID : SA11AI-26403277 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual) Retired	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-I	Date ▼ 340.00	
SUBTOTAL of Receipts This Page (optional).		>	150.00
TOTAL This Period (last page this line number	er only)		

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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC		
Full Name of Individual (Last, First, Middle In COOPER, SANDRA, , , Mailing Address 534 NITA DR	nitial) or Full Organization Name	Date of Receip	
		10	05 2021
City	State Zip Code	Transaction	ID : SA11AI-26410155
FULTON	MS 38843	Amount of Eac	ch Receipt this Period
FEC ID number of contributing federal political committee.		35.00	
Name of Employer (for Individual) Retired	dual) Memo Ite	em	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	340.00	
Full Name of Individual (Last, First, Middle In COOPER, SANDRA, , , Mailing Address 534 NITA DR	nitial) or Full Organization Name	Date of Receip	
		11	08 2021
City	State Zip Code		ID : SA11AI-26416287
FULTON	MS 38843	Amount of Eac	ch Receipt this Period
FEC ID number of contributing federal political committee.	С		105.00
Name of Employer (for Individual) Retired	Occupation (for Indiv	dual) Memo Ite	em
Receipt For: Primary General	Aggregate Year-to-Date ▼	240.00	
Other (specify) ▼		340.00	
Full Name of Individual (Last, First, Middle In COURTNEY, REBECCA, , ,	าเนลา) or Full Organization Name	Date of Receip	ot
Mailing Address 3656 LOWER SAXTOWN R	D		27 2021
City WATERLOO	State Zip Code 1L 62298		ID : SA11AI-26408381
	IL 02298	Amount of Eac	ch Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) Retired	Occupation (for Indivi	dual) Memo Ite	em
Receipt For: Primary General	Aggregate Year-to-Date ▼		
Other (specify)	45 1 45	240.00	
SUBTOTAL of Receipts This Page (optional)		>	240.00
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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle In COURTNEY, REBECCA, , , Mailing Address 3656 LOWER SAXTOWN R		anization Name	Date of Receipt
011	C: :	7: 0 1	10 25 2021
City WATERLOO	State	Zip Code 62298	Transaction ID : SA11AI-26413709
FEC ID number of contributing federal political committee.	C	02200	Amount of Each Receipt this Period 35.00
Name of Employer (for Individual) Retired	Retired		Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle In COURTNEY, REBECCA, , , Mailing Address 3656 LOWER SAXTOWN RI		anization Name	Date of Receipt
City WATERLOO	State IL	Zip Code 62298	Transaction ID : SA11Al-26420933 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		70.00
Name of Employer (for Individual) Retired	Occup. Retire	ation (for Individual) d	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle Ir CRADDOCK, KENNETH, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 6073 HOLLOW HILL LN	Ctata	Zin Codo	07 01 2021
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SA11AI-26341289 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 320.00	
SUBTOTAL of Receipts This Page (optional)		•	155.00
TOTAL This Period (last page this line number	r only)		

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name CRADDOCK, KENNETH, , , Date of Receipt Mailing Address 6073 HOLLOW HILL LN 16 2021 City Zip Code State Transaction ID: SA11AI-26399651 VA **SPRINGFIELD** 22152 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. CRADDOCK, KENNETH, , , Date of Receipt Mailing Address 6073 HOLLOW HILL LN 2021 City State Zip Code Transaction ID: SA11AI-26358507 **SPRINGFIELD** VA 22152 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 320.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. CUDDY, ROSEMARY, , , Date of Receipt Mailing Address 599 GAITHER RD 25 2021 City Zip Code State Transaction ID: SA11AI-26401693 MD SYKESVILLE 21784 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 140.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle I CUDDY, ROSEMARY, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 599 GAITHER RD			12 19 2021
City	State	Zip Code	Transaction ID : SA11AI-26423615
SYKESVILLE	MD	21784	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	60.00		
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 230.00	
Full Name of Individual (Last, First, Middle I DARBY, JANICE, , , Mailing Address 918 WESTWINDS DR	nitial) or Full Orga	nization Name	Date of Receipt
City	State	Zip Code	10 14 2021
COLUMBIA	MO	65203	Transaction ID : SA11AI-26411963 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle IDARBY, JANICE, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 918 WESTWINDS DR	la.		11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City COLUMBIA	State MO	Zip Code 65203	Transaction ID : SA11Al-26418717 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 205.00	
SUBTOTAL of Receipts This Page (optional)			170.00
TOTAL This Period (last page this line number	er only)		

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In DAVIS, SALLY, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 34554 MERION CT		10 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI-26409659
DADE CITY	FL 33525	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	280.00	
Full Name of Individual (Last, First, Middle In DAVIS, SALLY, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 34554 MERION CT		11 03 2021
City	State Zip Code	Transaction ID : SA11AI-26415361
DADE CITY	FL 33525	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
Full Name of Individual (Last, First, Middle In DAVIS, SALLY, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 34554 MERION CT		M = M / D = D / Y = Y = Y = Y = 1
City	State Zip Code	Transaction ID : SA11AI-26418119
DADE CITY	FL 33525	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	280.00	
SUBTOTAL of Receipts This Page (optional)		135.00
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE F	PAC				
Full Name of Individual (Last, First, Middle Ir DAVIS, SALLY, , , Mailing Address 34554 MERION CT	nitial) or Full Orga	anization Name	Date of Receipt			
011		7. 0.1	12 07 2021			
City DADE CITY	State	Zip Code 33525	Transaction ID : SA11AI-26421239			
	115	33020	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	y III					
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) I	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 280.00				
Full Name of Individual (Last, First, Middle Ir DELAMAR, EARNESTINE, , ,		anization Name	Date of Receipt			
Mailing Address 3839 SAINT BARNABAS RD APT T3		7in Codo	07 15 Y Y Y Y Y Y Y Y			
City SUITLAND	State MD	Zip Code 20746	Transaction ID : SA11Al-26344873 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		50.00			
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) d	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 210.00				
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Orga	anization Name	Date of Receipt			
Mailing Address 3839 SAINT BARNABAS RE APT T3			08 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City SUITLAND	State MD	Zip Code 20746	Transaction ID : SA11AI-26399165			
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 50.00			
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 210.00				
SUBTOTAL of Receipts This Page (optional)		>	160.00			
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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name DELAMAR, EARNESTINE, , , Date of Receipt Mailing Address 3839 SAINT BARNABAS RD APT T3 19 2021 City Zip Code State Transaction ID: SA11AI-26355551 MD **SUITLAND** 20746 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DELAMAR, EARNESTINE, , Date of Receipt Mailing Address 3839 SAINT BARNABAS RD 2021 APT T3 City State Zip Code Transaction ID: SA11AI-26407489 **SUITLAND** MD 20746 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. DELAMAR, EARNESTINE, , , Date of Receipt Mailing Address 3839 SAINT BARNABAS RD 28 2021 APT T3 City State Zip Code Transaction ID: SA11AI-26414501 MD **SUITLAND** 20746 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 110.00 SUBTOTAL of Receipts This Page (optional).....

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE I	PAC	
Α.	Full Name of Individual (Last, First, Middle Initial DESPO, NICHOLAS, , , , Mailing Address 7781 LAKE BLVD	al) or Full Org	anization Name	Date of Receipt
			09 23 2021	
	City	State PA	Zip Code	Transaction ID : SA11AI-26363999
	JAMESTOWN	PA	16134	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	35.00		
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 215.00	
В.	Full Name of Individual (Last, First, Middle Initia DESPO, NICHOLAS, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 7781 LAKE BLVD	1	Tay a s	11 03 2021
	City JAMESTOWN	State	Zip Code 16134	Transaction ID : SA11AI-26415521
	FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 60.00		
	Name of Employer (for Individual) Retired	ation (for Individual) d	Memo Item	
	Receipt For: Primary General Other (specify) ▼			
С .	Full Name of Individual (Last, First, Middle Initial DEWOLF, MAXINE, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 514 N JENNINGS RD			07 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City INDEPENDENCE	State MO	Zip Code 64056	Transaction ID : SA11AI-26343117 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer (for Individual) Retired	Occup Retired	ation (for Individual) d	Memo Item
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼	
	Other (specify)		265.00	
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of			130.00

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC	
Α.	Full Name of Individual (Last, First, Middle Initi- DEWOLF, MAXINE, , ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 514 N JENNINGS RD			07 22 2021
	City	State	Zip Code	Transaction ID : SA11AI-26346505
	INDEPENDENCE	MO	64056	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		35.00
	Name of Employer (for Individual) Retired	Occu Reti	upation (for Individual) red	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 265.00	
В.	Full Name of Individual (Last, First, Middle Initi DEWOLF, MAXINE, , ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 514 N JENNINGS RD	To		07 22 / 2021
	City	State	Zip Code	Transaction ID : SA11AI-26347785
	INDEPENDENCE	MO	64056	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	25.00		
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		265.00	
<u>с.</u>	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 514 N JENNINGS RD			10 14 2021
	City INDEPENDENCE	State MO	Zip Code 64056	Transaction ID : SA11Al-26370397 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) Retired	Occu Retir	upation (for Individual) red	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	1
	Primary General Other (specify)	Aggregate	265.00	
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	110.00
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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC	
Α.	Full Name of Individual (Last, First, Middle Initial DEWOLF, MAXINE, , , Mailing Address 514 N JENNINGS RD	al) or Full Org	anization Name	Date of Receipt
	-	Ta		12 23 2021
	City INDEPENDENCE	State MO	Zip Code 64056	Transaction ID : SA11AI-26387971
	FEC ID number of contributing federal political committee.	С	0.000	Amount of Each Receipt this Period 50.00
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 265.00	
В.	Full Name of Individual (Last, First, Middle Initia DIETZ, KAY, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 3851 DECLARATION AVE			07 09 2021
	City	State	Zip Code	Transaction ID : SA11AI-26392941
	CALABASAS	CA	91302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	50.00		
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) ed	Memo Item
	Receipt For: Primary General Other (specify) ▼			
С .	Full Name of Individual (Last, First, Middle Initial DIETZ, GREGORY, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 53 CLIFF ST			09 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City DAYTON	State OH	Zip Code 45405	Transaction ID : SA11AI-26404091 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		35.00
	Name of Employer (for Individual) Retired	Occup Retired	ation (for Individual) d	Memo Item
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼	
	Other (specify)		215.00	
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o		<u> </u>	135.00

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle In DIETZ, KAY, , , Mailing Address 3851 DECLARATION AVE	nitial) or Full Orga	anization Name	Date of Receipt
City	Stoto	Zin Codo	10 01 2021
City CALABASAS	State CA	Zip Code 91302	Transaction ID : SA11AI-26409585
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	ar-to-Date ▼ 415.00		
Full Name of Individual (Last, First, Middle In DIETZ, KAY, , , Mailing Address 3851 DECLARATION AVE	nitial) or Full Orga	anization Name	Date of Receipt
City CALABASAS	State CA	Zip Code 91302	Transaction ID : SA11AI-26412565 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 415.00	
Full Name of Individual (Last, First, Middle In DIETZ, KAY, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 3851 DECLARATION AVE	Ctota	7in Codo	10 28 2021
City CALABASAS	State CA	Zip Code 91302	Transaction ID : SA11AI-26414523 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 415.00	
SUBTOTAL of Receipts This Page (optional)			225.00
TOTAL This Period (last page this line numbe	r only)		

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	Statements may not be sold or used by any perne name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In DIETZ, GREGORY, , , Mailing Address 53 CLIFF ST City DAYTON FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code OH 45405 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼	Date of Receipt 11 04 2021 Transaction ID: SA11Al-26415795 Amount of Each Receipt this Period 35.00 Memo Item
Full Name of Individual (Last, First, Middle In DIETZ, GREGORY, , , Mailing Address 53 CLIFF ST City DAYTON FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary Other (specify) ▼	State Zip Code OH 45405 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 215.00	Date of Receipt 11 27 2021 Transaction ID: SA11Al-26419437 Amount of Each Receipt this Period 35.00 Memo Item
Full Name of Individual (Last, First, Middle In DIETZ, GREGORY, , , Mailing Address 53 CLIFF ST City DAYTON FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code 45405 Occupation (for Individual) Retired Aggregate Year-to-Date 215.00	Date of Receipt 12
SUBTOTAL of Receipts This Page (optional)		120.00
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	Statements may not be sold or used by any perne name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In DIETZ, GREGORY, , ,) Mailing Address 53 CLIFF ST City DAYTON FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code 45405 C	Date of Receipt 12
Full Name of Individual (Last, First, Middle II B. DIROSARIO, PATRICIA, , , Mailing Address 87 LYMAN BARNES RD City BRIMFIELD FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code 01010 C Occupation (for Individual) Retired Aggregate Year-to-Date 750.00	Date of Receipt 09 03 2021 Transaction ID: SA11Al-26403917 Amount of Each Receipt this Period 50.00 Memo Item
Full Name of Individual (Last, First, Middle In DIROSARIO, PATRICIA, , , Mailing Address 87 LYMAN BARNES RD City BRIMFIELD FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code 01010 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼	Date of Receipt 10 11 2021 Transaction ID: SA11Al-26411161 Amount of Each Receipt this Period 300.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	>	375.00
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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC							
Α.	Full Name of Individual (Last, First, Middle Initia DIROSARIO, PATRICIA, , ,	al) or Full Or	ganization Name	Date of Receipt						
	Mailing Address 87 LYMAN BARNES RD			10 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID : SA11AI-26412297						
	BRIMFIELD	MA	01010	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual) Retired	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate \	rear-to-Date ▼ 750.00							
В.	Full Name of Individual (Last, First, Middle Initia DIROSARIO, PATRICIA, , ,	al) or Full Or	ganization Name	Date of Receipt						
	Mailing Address 87 LYMAN BARNES RD	12 17 2021								
	City	State MA	Zip Code	Transaction ID : SA11AI-26423031						
	BRIMFIELD	IVIA	01010	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		65.00						
	Name of Employer (for Individual) Retired	Occu Retir	pation (for Individual) ed	Memo Item						
	Receipt For:	Aggregate \	Year-to-Date ▼							
	Primary General Other (specify) ▼		750.00							
С .	Full Name of Individual (Last, First, Middle Initia	al) or Full Or	ganization Name	Date of Receipt						
	Mailing Address 87 LYMAN BARNES RD			12 28 2021						
	City BRIMFIELD	State MA	Zip Code 01010	Transaction ID : SA11AI-26425801						
	FEC ID number of contributing		0.0.0	Amount of Each Receipt this Period						
	federal political committee.	C		250.00						
	Name of Employer (for Individual) Retired	Occu Retire	pation (for Individual) ed	Memo Item						
	Receipt For:	Aggregate \	Year-to-Date ▼							
	Primary General Other (specify)		750.00							
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federal political committee.

Retired

Receipt For:

Name of Employer (for Individual)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name DIX, TOMMY, , , Date of Receipt Mailing Address 221 OLD CARRIAGE WAY 2021 17 City State Zip Code Transaction ID: SA11AI-26400049 WILLIAMSBURG VA 23188 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DIX, TOMMY, , , Date of Receipt Mailing Address 221 OLD CARRIAGE WAY 09 2021 City State Zip Code Transaction ID: SA11AI-26408095 WILLIAMSBURG VA 23188 Amount of Each Receipt this Period FEC ID number of contributing

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	Primary General Other (specify) ▼	A	275.00	
C.	Full Name of Individual (Last, First, Middle In DIX, TOMMY, , , Mailing Address 221 OLD CARRIAGE WAY	nitial) or Full Orga	anization Name	Date of Receipt 12 01 2021
	City WILLIAMSBURG FEC ID number of contributing federal political committee.	State VA	Zip Code 23188	Transaction ID: SA11AI-26420373 Amount of Each Receipt this Period 50.00
	Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	Occupa Retired Aggregate Ye		Memo Item

Occupation (for Individual)

Retired

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Memo Item

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per- ne name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In DOHERTY, BEATRICE, , , Mailing Address 38 INWOOD DR City MILLTOWN FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State NJ Code 08850 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼	Date of Receipt 07 08 2021 Transaction ID: SA11Al-26342285 Amount of Each Receipt this Period 25.00 Memo Item
Full Name of Individual (Last, First, Middle In DOHERTY, BEATRICE, , , Mailing Address 38 INWOOD DR City MILLTOWN FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary Other (specify) State Middle In Document of Individual)	State NJ Code 08850 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼	Date of Receipt 08 05 2021 Transaction ID: SA11Al-26351535 Amount of Each Receipt this Period 35.00 Memo Item
Full Name of Individual (Last, First, Middle In DOHERTY, BEATRICE, , , , Mailing Address 38 INWOOD DR City MILLTOWN FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code 08850 C Occupation (for Individual) Retired Aggregate Year-to-Date 205.00	Date of Receipt 11
SUBTOTAL of Receipts This Page (optional)	•	95.00
TOTAL This Period (last page this line numbe	r only)	

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may r he name and addr	not be sold or used by any peress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC	
Full Name of Individual (Last, First, Middle I DOHERTY, BEATRICE, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 38 INWOOD DR			11 26 2021
City	State	Zip Code	Transaction ID : SA11AI-26381505
MILLTOWN	NJ	08850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle I DRASHER, CLAYTON, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 1008 HIDEBOUND RD			09 22 2021
City	State	Zip Code	Transaction ID : SA11Al-26407559
BURNS	IIN	37029	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Retired	Occupa Retired	ition (for Individual)	Memo Item
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify) ▼		305.00	
Full Name of Individual (Last, First, Middle IDRASHER, CLAYTON, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 1008 HIDEBOUND RD			11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BURNS	State TN	Zip Code 37029	Transaction ID : SA11AI-26417785 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		55.00
Name of Employer (for Individual)	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:	Aggregate Yea	ar-to-Date ▼	_
Primary General Other (specify)		305.00	
SUBTOTAL of Receipts This Page (optional)		·····	140.00
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC					
Full Name of Individual (Last, First, Middle Init DRASHER, CLAYTON, , ,	tial) or Full Organization Name	Date of Receipt				
Mailing Address 1008 HIDEBOUND RD		12 27 2021				
City BURNS	State Zip Code TN 37029	Transaction ID : SA11AI-26425569				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00					
B. EDWARDS, DARRYL, , ,	Name of Individual (Last, First, Middle Initial) or Full Organization Name WARDS, DARRYL, , ,					
Mailing Address 100 MELROSE AVE E APT 309	09 09 2021					
City SEATTLE	State Zip Code WA 98102	Transaction ID : SA11Al-26360971 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00					
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt				
Mailing Address 644 WOODS AVE		07 14 2021				
City FLEMINGTON	State Zip Code PA 17745	Transaction ID : SA11AI-26393691 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00					
SUBTOTAL of Receipts This Page (optional)		485.00				
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt
Mailing Address 644 WOODS AVE		07 29 2021
City FLEMINGTON	State Zip Code PA 17745	Transaction ID : SA11AI-26396587
FEC ID number of contributing federal political committee.	C 1//45	Amount of Each Receipt this Period 35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle Ini ERICKSON, ROBERT, , , Mailing Address 644 WOODS AVE	tial) or Full Organization Name	Date of Receipt
City	State Zip Code PA 17745	10 28 2021 Transaction ID : SA11Al-26414503
FLEMINGTON FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 30.00	
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt
Mailing Address 644 WOODS AVE		11 03 2021
City FLEMINGTON	State Zip Code PA 17745	Transaction ID : SA11AI-26415357 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional)		100.00
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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by ar e name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In FESSLER, DOUGIE, , , Mailing Address 80 W SIERRA MADRE BLVE City SIERRA MADRE FEC ID number of contributing federal political committee. Name of Employer (for Individual) Best Efforts		Date of Receipt 11 23 2021 Transaction ID : SA11Al-26418799 Amount of Each Receipt this Period 100.00 Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	
Full Name of Individual (Last, First, Middle In FESSLER, DOUGIE, , , Mailing Address 80 W SIERRA MADRE BLVD City SIERRA MADRE FEC ID number of contributing	State Zip Code CA 91024	Date of Receipt 12 09 2021 Transaction ID: SA11Al-26384895 Amount of Each Receipt this Period
federal political committee. Name of Employer (for Individual) Best Efforts Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) Best Efforts Aggregate Year-to-Date ▼ 235.00	Memo Item
Full Name of Individual (Last, First, Middle In FETTERS, LINDA, , , Mailing Address 3718 ASPEN RD City MOOSE LAKE FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary Other (specify)	State Zip Code 55767 C Occupation (for Individual) Retired Aggregate Year-to-Date 250.00	Date of Receipt M M M / D 28 2021 Transaction ID: SA11AI-26408657 Amount of Each Receipt this Period 75.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		▶ 275.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle I FETTERS, LINDA, , , Mailing Address 3718 ASPEN RD	me	Date of Receipt 12 30 2021				
City	State Zip Code		Transaction ID : SA11AI-26426193 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	y III					
Name of Employer (for Individual) Retired	Occupation (for Ind	lividual)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00				
Full Name of Individual (Last, First, Middle I FIENEN, JOHN, , , Mailing Address 500 W JACKSON ST	nitial) or Full Organization Na	me	Date of Receipt			
APT 203		09 14 2021				
City SAINT PETER	State Zip Code 56082		Transaction ID : SA11AI-26405851 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		50.00			
Name of Employer (for Individual) Retired	Occupation (for Inc	dividual)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	300.00				
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Na	me	Date of Receipt			
Mailing Address 500 W JACKSON ST APT 203		09 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City SAINT PETER	State Zip Code 56082		Transaction ID : SA11AI-26406363 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		50.00			
Name of Employer (for Individual) Retired	Occupation (for Ind	lividual)	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	300.00				
SUBTOTAL of Receipts This Page (optional)			175.00			
TOTAL This Period (last page this line number	r only)					

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	Statements may not be sold or used by any per e name and address of any political committee					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle Ir FIENEN, JOHN, , , Mailing Address 500 W JACKSON ST APT 203 City SAINT PETER FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For:	State Zip Code 56082 C Occupation (for Individual) Retired	Date of Receipt 11 24 2021 Transaction ID : SA11AI-26419029 Amount of Each Receipt this Period 35.00 Memo Item				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00					
Full Name of Individual (Last, First, Middle In FIENEN, JOHN, , , Mailing Address 500 W JACKSON ST APT 203 City SAINT PETER FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General	State Zip Code MN 56082 C Occupation (for Individual) Retired Aggregate Year-to-Date Aggregate Year-to-Date	Date of Receipt 12 18 2021 Transaction ID : SA11Al-26423495 Amount of Each Receipt this Period 100.00 Memo Item				
Other (specify) ▼ Full Name of Individual (Last, First, Middle Ir	300.00 iitial) or Full Organization Name					
City DACONO FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State CO Zip Code 80514 C Occupation (for Individual) Retired Aggregate Year-to-Date 295.00	Date of Receipt O7 O1 2021 Transaction ID: SA11Al-26391421 Amount of Each Receipt this Period 50.00 Memo Item				
SUBTOTAL of Receipts This Page (optional)		185.00				
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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name FINGER, JOHN, , , Date of Receipt Mailing Address 420 ANDREW DR 2021 City Zip Code State Transaction ID: SA11AI-26393689 CO **DACONO** 80514 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 295.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. FINGER, JOHN, , , Date of Receipt Mailing Address 420 ANDREW DR 2021 City State Zip Code Transaction ID: SA11AI-26404947 **DACONO** CO 80514 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 295.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. FINGER, JOHN, , , Date of Receipt Mailing Address 420 ANDREW DR 24 2021 City Zip Code State Transaction ID: SA11AI-26408033 CO **DACONO** 80514 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 295.00 Other (specify) 135.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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	the name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle FREEMAN, KELMITH, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1151 NW 92ND ST		08 17 2021
City OKLAHOMA CITY	State Zip Code OK 73114	Transaction ID : SA11Al-26399941 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	
Full Name of Individual (Last, First, Middle FREEMAN, JANICE, , , Mailing Address 2613 TEABERRY DR	Initial) or Full Organization Name	Date of Receipt
City NORTH CHESTERFIELD FEC ID number of contributing federal political committee.	State Zip Code VA 23236	08 24 2021 Transaction ID : SA11Al-26401445 Amount of Each Receipt this Period 50.00 Memo Item
Name of Employer (for Individual) Retired Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 220.00	_ Wellio Itelli
Full Name of Individual (Last, First, Middle FREEMAN, KELMITH, , , Mailing Address 1151 NW 92ND ST City OKLAHOMA CITY FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Present Ferri	Initial) or Full Organization Name State Zip Code OK 73114 C Occupation (for Individual) Retired	Date of Receipt M M / DD / 2021 Transaction ID : SA11Al-26403413 Amount of Each Receipt this Period 100.00 Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 585.00	
SUBTOTAL of Receipts This Page (optional)	•	200.00
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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name FREEMAN, KELMITH, , , Date of Receipt Mailing Address 1151 NW 92ND ST 2021 City Zip Code State Transaction ID: SA11AI-26418779 OK **OKLAHOMA CITY** 73114 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 585.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. FREEMAN, KELMITH, , , Date of Receipt Mailing Address 1151 NW 92ND ST 2021 City State Zip Code Transaction ID: SA11AI-26418843 OKLAHOMA CITY OK 73114 Amount of Each Receipt this Period FEC ID number of contributing 105.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 585.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. FREEMAN, JANICE, , , Date of Receipt Mailing Address 2613 TEABERRY DR 01 2021 City Zip Code State Transaction ID: SA11AI-26420247 VANORTH CHESTERFIELD 23236 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 155.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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	statements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini FREEMAN, KELMITH, , , Mailing Address 1151 NW 92ND ST	tial) or Full Organization Name	Date of Receipt
City	State Zip Code	12 10 2021 Transaction ID : SA11AI-26421953
OKLAHOMA CITY EEC ID number of contributing	OK 73114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	
Full Name of Individual (Last, First, Middle Ini FREEMAN, JANICE, , , Mailing Address 2613 TEABERRY DR	tial) or Full Organization Name	Date of Receipt
	Chata 7:- Cada	12 21 2021
City NORTH CHESTERFIELD	State Zip Code VA 23236	Transaction ID : SA11AI-26424289 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt
Mailing Address 1151 NW 92ND ST		12 22 2021
City OKLAHOMA CITY	State Zip Code OK 73114	Transaction ID : SA11AI-26424573 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 585.00	
SUBTOTAL of Receipts This Page (optional)	>	300.00
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle I GARRAHAN-MASTERS, MARY, , , Mailing Address 501 HARRIET LN	nitial) or Full Orga	anization Name	Date of Receipt
			08 13 2021
City	State	Zip Code	Transaction ID : SA11AI-26399363
HAVERTOWN	PA	19083	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 895.00	
Full Name of Individual (Last, First, Middle I GARRAHAN-MASTERS, MARY, ,		anization Name	Date of Receipt
Mailing Address 501 HARRIET LN			08 19 2021
City	State	Zip Code	Transaction ID : SA11AI-26400413
HAVERTOWN	PA	19083	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) d	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 895.00	
Full Name of Individual (Last, First, Middle I GARRAHAN-MASTERS, MARY		anization Name	Date of Receipt
Mailing Address 501 HARRIET LN			11 04 2021
City HAVERTOWN	State PA	Zip Code 19083	Transaction ID : SA11AI-26415827 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		105.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 895.00	
SUBTOTAL of Receipts This Page (optional)		>	355.00
TOTAL This Period (last page this line numbe	er only)		

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	Statements may not be sold or used by any per name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In GARRAHAN-MASTERS, MARY, , , Mailing Address 501 HARRIET LN City HAVERTOWN FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State Zip Code PA 19083 C Occupation (for Individual)	Date of Receipt 11 18 2021 Transaction ID: SA11Al-26418185 Amount of Each Receipt this Period 310.00 Memo Item
Retired Receipt For: Primary General Other (specify) ▼	Retired Aggregate Year-to-Date ▼ 895.00	
Full Name of Individual (Last, First, Middle Ir GATTI, GEORGE, , , Mailing Address 310 W 4TH ST City SAN DIMAS	State Zip Code CA 91773	Date of Receipt 07 01 2021 Transaction ID : SA11Al-26391491 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) ▼	C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 205.00	Memo Item
Full Name of Individual (Last, First, Middle In GATTI, GEORGE, , , Mailing Address 310 W 4TH ST City SAN DIMAS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code CA 91773 C Occupation (for Individual) Retired Aggregate Year-to-Date 205.00	Date of Receipt M M M / D D / 2021 Transaction ID : SA11Al-26398493 Amount of Each Receipt this Period 35.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	>	380.00
TOTAL This Period (last page this line number	r only)	

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC	
Α.	Full Name of Individual (Last, First, Middle Initial GAYDEN, BRIGETTE, , , Mailing Address 4808 CRESTFIELD RD	al) or Full Org	anization Name	Date of Receipt
	Maining Address 4606 CRESTFIELD RD			12 16 2021
	City	State TN	Zip Code	Transaction ID : SA11AI-26386875
	MILLINGTON	IIN	38053	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Best Efforts	Occup DIREC	ation (for Individual) CTOR	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 250.00	
В.	Full Name of Individual (Last, First, Middle Initia GEPHARK, ANN, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 337 GRACE VILLAGE DR	- I a		08 07 7 2021
	City WINONA LAKE	State	Zip Code 46590	Transaction ID: SA11AI-26398177
	FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 35.00		
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual) ed	Memo Item
	Receipt For: Primary General Other (specify) ▼	ear-to-Date ▼ 210.00		
С .	Full Name of Individual (Last, First, Middle Initial GEPHARK, ANN, , ,	Date of Receipt		
	Mailing Address 337 GRACE VILLAGE DR		I and a second	11 01 2021
	City WINONA LAKE	State IN	Zip Code 46590	Transaction ID : SA11Al-26414909 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		35.00
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼	
	Other (specify)		210.00	
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of		<u> </u>	320.00

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE P	PAC	
Full Name of Individual (Last, First, Middle In GEPHARK, ANN, , , Mailing Address 337 GRACE VILLAGE DR			Date of Receipt 11 30 2021
City WINONA LAKE	State IN	Zip Code 46590	Transaction ID : SA11AI-26420123 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Retired Receipt For:	Occupa Retired	tion (for Individual)	Memo Item
Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 210.00	
Full Name of Individual (Last, First, Middle In GEPHARK, ANN, , , Mailing Address 337 GRACE VILLAGE DR	itial) or Full Orga	nization Name	Date of Receipt
City WINONA LAKE	State IN	Zip Code 46590	12 12 2021 Transaction ID : SA11Al-26422157 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	40.00		
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 210.00	
Full Name of Individual (Last, First, Middle In GEPHARK, ANN, , ,	itial) or Full Orga	nization Name	Date of Receipt
Mailing Address 337 GRACE VILLAGE DR			12 17 2021
City WINONA LAKE	State IN	Zip Code 46590	Transaction ID : SA11AI-26423357 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional)			115.00
TOTAL This Period (last page this line number	only)		

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In GEPHARK, ANN, , , Mailing Address 337 GRACE VILLAGE DR City WINONA LAKE	State Zip Code IN 46590	Date of Receipt 12 27 2021 Transaction ID : SA11AI-26425443 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 210.00	25.00 Memo Item
Full Name of Individual (Last, First, Middle In GRAHAM, WEST, , , Mailing Address 4635 BORDER VILLAGE RE APT 6-2 City SAN YSIDRO FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)		Date of Receipt M M M / 23
Full Name of Individual (Last, First, Middle In GRAHAM, WEST, , , Mailing Address 4635 BORDER VILLAGE RI APT 6-2 City SAN YSIDRO FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)		Date of Receipt Mark
SUBTOTAL of Receipts This Page (optional)		125.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC				
Full Name of Individual (Last, First, Middle In GRAHAM, WEST, , , Mailing Address 4635 BORDER VILLAGE RD		Date of Receipt			
APT 6-2		11 24 2021			
City	State Zip Code	Transaction ID : SA11AI-26419021			
SAN YSIDRO	CA 92173	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	105.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
Retired	Retired	_			
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Other (specify) ▼	290.00				
Full Name of Individual (Last, First, Middle In GRAHAM, WEST, , ,	Date of Receipt				
Mailing Address 4635 BORDER VILLAGE RD APT 6-2		11 26 2021			
City	State Zip Code	Transaction ID : SA11AI-26419175			
SAN YSIDRO	CA 92173	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	85.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00				
Full Name of Individual (Last, First, Middle In GRAY, DORIS, , ,	itial) or Full Organization Name	Date of Receipt			
Mailing Address 16319 122ND AVE E		08 11 2021			
City	State Zip Code	Transaction ID : SA11AI-26398783			
PUYALLUP	WA 98374	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	35.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify)	295.00				
SUBTOTAL of Receipts This Page (optional)		225.00			
TOTAL This Period (last page this line number	only)				

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	Statements may not be sold or used by any per name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In GRAY, DORIS, , , Mailing Address 16319 122ND AVE E City PUYALLUP	State Zip Code WA 98374	Date of Receipt 08 13 2021 Transaction ID : SA11Al-26399451 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 295.00	35.00 Memo Item
Full Name of Individual (Last, First, Middle In GRAY, DORIS, , , Mailing Address 16319 122ND AVE E City PUYALLUP FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) ▼	State Zip Code 98374 C Occupation (for Individual) Retired Aggregate Year-to-Date 295.00	Date of Receipt 12 17 2021 Transaction ID: SA11Al-26423253 Amount of Each Receipt this Period 70.00 Memo Item
Full Name of Individual (Last, First, Middle In GREENE, BETTY, , , Mailing Address 5886 DE ZAVALA RD City SAN ANTONIO FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code TX 78249 C Occupation (for Individual) Retired Aggregate Year-to-Date 655.00	Date of Receipt 08 25 2021 Transaction ID: SA11AI-26401691 Amount of Each Receipt this Period 75.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	<u> </u>	180.00
TOTAL This Period (last page this line number	r only)	

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name GREENE, BETTY, , , Date of Receipt Mailing Address 5886 DE ZAVALA RD 03 2021 City Zip Code State Transaction ID: SA11AI-26403845 TX SAN ANTONIO 78249 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 655.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** GREENE, BETTY, , , Date of Receipt Mailing Address 5886 DE ZAVALA RD 10 18 2021 City State Zip Code Transaction ID: SA11AI-26412525 SAN ANTONIO TX 78249 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 655.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. GREENE, BETTY, , , Date of Receipt Mailing Address 5886 DE ZAVALA RD 28 2021 City Zip Code State Transaction ID: SA11AI-26414507 TX SAN ANTONIO 78249 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 655.00 Other (specify) 175.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle II GREENE, BETTY, , , Mailing Address 5886 DE ZAVALA RD	nitial) or Full Organization Name	Date of Receipt
City SAN ANTONIO	State Zip Code TX 78249	Transaction ID : SA11AI-26417101
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) Retired Receipt For:	Occupation (for Individual) Retired	Memo Item
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 655.00	
Full Name of Individual (Last, First, Middle II) GREENE, BETTY, , , Mailing Address 5886 DE ZAVALA RD	Date of Receipt	
City SAN ANTONIO	State Zip Code TX 78249	Transaction ID : SA11Al-26418761 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	60.00	
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 655.00	
Full Name of Individual (Last, First, Middle In GREENE, BETTY, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 5886 DE ZAVALA RD		12 22 2021
City SAN ANTONIO	State Zip Code 78249	Transaction ID : SA11AI-26424557 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 655.00	
SUBTOTAL of Receipts This Page (optional)	>	225.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle I GUENTHER, JUDITH, , , Mailing Address 6841 W FOND DU LAC AVI		nization Name	Date of Receipt
Maining Address (641 W FOND DO LAC AVI	_		07 01 2021
City	State	Zip Code	Transaction ID : SA11AI-26391479
MILWAUKEE	WI	53218	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 255.00	
Full Name of Individual (Last, First, Middle I GUENTHER, JUDITH, , , Mailing Address 6841 W FOND DU LAC AVE	Date of Receipt		
Maining Address 6641 W FOND DO LAC AVE	=		07 16 2021
City	State	Zip Code	Transaction ID : SA11AI-26394121
MILWAUKEE	WI	53218	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) I	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 255.00	
		4 4	
Full Name of Individual (Last, First, Middle I GUENTHER, JUDITH, , ,	nitial) or Full Orga	inization Name	Date of Receipt
Mailing Address 6841 W FOND DU LAC AV		la c	11 29 2021
City MILWAUKEE	State WI	Zip Code 53218	Transaction ID : SA11AI-26419655 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Retired	Occupa Retired	ition (for Individual)	Memo Item
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify)	4	255.00	
SUBTOTAL of Receipts This Page (optional)		>	105.00
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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee to	o solicit contributions from such committee.		
UNITED WOMEN'S HEALTH A	LLIANCE PAC			
Full Name of Individual (Last, First, Middle Ini HAGER, THOMAS, , ,	tial) or Full Organization Name	Date of Receipt		
Mailing Address 695 SUMMER LN		07 07 2021		
City WHITE SALMON	State Zip Code WA 98672	Transaction ID : SA11AI-26392575		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00		
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00			
Full Name of Individual (Last, First, Middle Ini HAGER, THOMAS, , , Mailing Address 695 SUMMER LN	Date of Receipt			
		12 09 2021		
City WHITE SALMON	State Zip Code WA 98672	Transaction ID : SA11AI-26384519 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	D number of contributing			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00			
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt		
Mailing Address 5500 CALLE REAL APT C-226		08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City SANTA BARBARA	State Zip Code CA 93111	Transaction ID : SA11AI-26398157 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item		
Receipt For: Primary General	Aggregate Year-to-Date ▼			
Other (specify)	385.00			
SUBTOTAL of Receipts This Page (optional)	>	200.00		
TOTAL This Period (last page this line number	only)			

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	statements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini HAM, LEWIS, , , Mailing Address 5500 CALLE REAL APT C-226 City SANTA BARBARA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) Other (specify)		Date of Receipt 12 02 2021 Transaction ID: SA11AI-26420555 Amount of Each Receipt this Period 150.00 Memo Item
Full Name of Individual (Last, First, Middle Ini HAM, LEWIS, , , Mailing Address 5500 CALLE REAL APT C-226 City SANTA BARBARA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) Other (specify)	State Zip Code CA 93111 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 385.00	Date of Receipt 12 21 2021 Transaction ID: SA11Al-26424403 Amount of Each Receipt this Period 75.00 Memo Item
Full Name of Individual (Last, First, Middle Ini HAM, LEWIS, , , Mailing Address 5500 CALLE REAL APT C-226 City SANTA BARBARA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	tial) or Full Organization Name State	Date of Receipt 12 22 2021 Transaction ID: SA11AI-26424623 Amount of Each Receipt this Period 110.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	>	335.00
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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini HAMMELL, SUSAN, , , Mailing Address 817 SUMMIT AVE City WESTFIELD FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General	tial) or Full Organization Name State	Date of Receipt M M M O5 2021 Transaction ID : SA11AI-26350373 Amount of Each Receipt this Period 75.00 Memo Item
Other (specify) ▼ Full Name of Individual (Last, First, Middle Ini B. HAMMELL, SUSAN, , ,	tial) or Full Organization Name	Date of Receipt
Mailing Address 817 SUMMIT AVE City WESTFIELD FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) ▼	State Zip Code NJ 07090 C Occupation (for Individual) Retired Aggregate Year-to-Date 375.00	Transaction ID : SA11Al-26359579 Amount of Each Receipt this Period 75.00 Memo Item
Full Name of Individual (Last, First, Middle Ini HAMMELL, SUSAN, , , Mailing Address 817 SUMMIT AVE City WESTFIELD FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired	State Zip Code NJ 07090 C Occupation (for Individual) Retired	Date of Receipt 11 26 2021 Transaction ID: SA11AI-26382195 Amount of Each Receipt this Period 50.00 Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 375.00	200.00
SUBTOTAL of Receipts This Page (optional)		200.00
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	H ALLIANCE PAC	
Full Name of Individual (Last, First, Middl HAMMELL, SUSAN, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 817 SUMMIT AVE		12 09 2021
City WESTFIELD	State Zip Code NJ 07090	Transaction ID : SA11AI-26384769 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name of Individual (Last, First, Middl HEINOLD, RICHARD, , , Mailing Address 142 WATCH HILL RD	le Initial) or Full Organization Name	Date of Receipt
City WESTERLY FEC ID number of contributing federal political committee.	State Zip Code RI 02891	7 15 2021 Transaction ID : SA11Al-26346205 Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
Full Name of Individual (Last, First, Middle HEINOLD, RICHARD, , , Mailing Address 142 WATCH HILL RD	le Initial) or Full Organization Name	Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City WESTERLY	State Zip Code RI 02891	Transaction ID : SA11AI-26408653 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired Receipt For:	Occupation (for Individual) Retired	Memo Item
Primary General Other (specify)	Aggregate Year-to-Date ▼ 230.00	
SUBTOTAL of Receipts This Page (optional	al)	175.00
TOTAL This Period (last page this line num	nber only)	

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE I	PAC	
Full Name of Individual (Last, First, Middle II HEINOLD, RICHARD, , , Mailing Address 142 WATCH HILL RD	nitial) or Full Org	anization Name	Date of Receipt
			12 20 2021
City	State	Zip Code	Transaction ID : SA11AI-26423685
WESTERLY	RI	02891	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		110.00
Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 230.00	
Full Name of Individual (Last, First, Middle II HOLMES, GAYLE, , , Mailing Address 8545 CARMEL VALLEY RD	nitial) or Full Org	anization Name	Date of Receipt
			10 08 2021
CARACI	State	Zip Code	Transaction ID : SA11AI-26410775
CARMEL	CA	93923	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) ed	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle In HOLMES, GAYLE, , ,	nitial) or Full Org	anization Name	Date of Receipt
Mailing Address 8545 CARMEL VALLEY RD			10 28 2021
City CARMEL	State CA	Zip Code 93923	Transaction ID : SA11AI-26414379
FEC ID number of contributing		00020	Amount of Each Receipt this Period
federal political committee.	C		25.00
Name of Employer (for Individual) Retired	Occup Retired	ation (for Individual) d	Memo Item
Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼	
Other (specify)		205.00	
SUBTOTAL of Receipts This Page (optional)		•	185.00
TOTAL This Period (last page this line number	r only)		

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle II HOLMES, GAYLE, , , Mailing Address 8545 CARMEL VALLEY RD	nitial) or Full Orga	nization Name	Date of Receipt
	Tax :	T	11 30 2021
City CARMEL	State CA	Zip Code 93923	Transaction ID : SA11AI-26419941
FEC ID number of contributing federal political committee.	C	33323	Amount of Each Receipt this Period 35.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle In HOLMES, GAYLE, , , Mailing Address 8545 CARMEL VALLEY RD	nitial) or Full Orga	nization Name	Date of Receipt
	la	T 0 .	12 01 2021
City CARMEL	State	Zip Code 93923	Transaction ID : SA11AI-26420329
FEC ID number of contributing federal political committee.	С	33323	Amount of Each Receipt this Period 35.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle In HOLMES, GAYLE, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 8545 CARMEL VALLEY RD			12 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CARMEL	State CA	Zip Code 93923	Transaction ID : SA11AI-26421041
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 205.00	
SUBTOTAL of Receipts This Page (optional)	,		95.00
TOTAL This Period (last page this line numbe	r only)		•

Name of Employer (for Individual)

General

Retired

Receipt For:

Primary

Other (specify)

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name HOOD, LLOYD, , , Date of Receipt Mailing Address 7830 CAMINO REAL **APT 409** 2021 City State Zip Code Transaction ID: SA11AI-26398161 FL MIAMI 33143 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HOOD, LLOYD, , , Date of Receipt Mailing Address 7830 CAMINO REAL 16 2021 **APT 409** City State Zip Code Transaction ID: SA11AI-26406577 FL MIAMI 33143 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. HOOD, LLOYD, , , Date of Receipt Mailing Address 7830 CAMINO REAL 15 2021 **APT 409** City State Zip Code Transaction ID: SA11AI-26412191 FL MIAMI 33143 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee.

SUBTOTAL of Receipts This Page (optional)	·····				,	I		,	_	11	0.00	Ξ	
TOTAL This Period (last page this line number	only)		_	_	7	_	_	7	_		<u>.</u>	_	

215.00

Occupation (for Individual)

Retired

Aggregate Year-to-Date ▼

Memo Item

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any peress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle II HOOD, LLOYD, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 7830 CAMINO REAL APT 409			10 22 2021
City	State	Zip Code	Transaction ID : SA11AI-26413411
MIAMI	FL	33143	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 215.00	
Full Name of Individual (Last, First, Middle II HOOD, LLOYD, , , Mailing Address 7830 CAMINO REAL	nitial) or Full Orga	nization Name	Date of Receipt
APT 409			12 01 2021
City	State	Zip Code	Transaction ID : SA11AI-26420245
MIAMI	FL	33143	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 215.00	
Full Name of Individual (Last, First, Middle In HUDSON, JODIE, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address PO BOX 692			07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LAKE ARTHUR	State LA	Zip Code 70549	Transaction ID : SA11AI-26391477 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 295.00	
SUBTOTAL of Receipts This Page (optional)			115.00
TOTAL This Period (last page this line number	r only)		

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	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In HUDSON, JODIE, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address PO BOX 692		07 08 2021
City	State Zip Code	Transaction ID : SA11AI-26392703
LAKE ARTHUR	LA 70549	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	33 3	
Other (specify) ▼	295.00	
Full Name of Individual (Last, First, Middle In HUDSON, JODIE, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address PO BOX 692		07 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-26394663
LAKE ARTHUR	LA 70549	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	
Full Name of Individual (Last, First, Middle In HUDSON, JODIE, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address PO BOX 692		09 27 2021
City	State Zip Code	Transaction ID : SA11AI-26408427
LAKE ARTHUR	LA 70549	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	295.00	
SUBTOTAL of Receipts This Page (optional)		105.00
TOTAL This Period (last page this line number	only)	

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	Statements may not be sold or used by any per name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In HUDSON, JODIE, , , Mailing Address PO BOX 692 City LAKE ARTHUR FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	Date of Receipt 10 05 2021 Transaction ID: SA11AI-26409959 Amount of Each Receipt this Period 50.00 Memo Item	
Full Name of Individual (Last, First, Middle In IGLESIAS, SHIRLEY, , , Mailing Address 1802 TULPEHOCKEN RD APT 279 City READING FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary Other (specify) Full Name of Individual (Last, First, Middle In Individual)	State Zip Code 19610 C Occupation (for Individual) Retired Aggregate Year-to-Date 205.00	Date of Receipt 08 26 2021 Transaction ID: SA11Al-26402209 Amount of Each Receipt this Period 50.00 Memo Item
Full Name of Individual (Last, First, Middle In JOCHER, RONALD, , , Mailing Address 5513 N GARELOCH AVE City AZUSA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code CA 91702 C Occupation (for Individual) Retired Aggregate Year-to-Date 275.00	Date of Receipt 07
SUBTOTAL of Receipts This Page (optional)		135.00
TOTAL This Period (last page this line number	r only)	

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE I	PAC								
Α.	Full Name of Individual (Last, First, Middle Initi- JOCHER, RONALD, , , Mailing Address 5513 N GARELOCH AVE	al) or Full Org	anization Name	Date of Receipt							
	Maining Address 5515 N GARLLOCH AVE			08 17 2021							
	City AZUSA	State CA	Zip Code 91702	Transaction ID : SA11AI-26399861							
	FEC ID number of contributing federal political committee.	C	31702	Amount of Each Receipt this Period 35.00							
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item							
	Receipt For: Primary General Other (specify) ▼										
В.	Full Name of Individual (Last, First, Middle Initi JOCHER, RONALD, , ,	al) or Full Org	anization Name	Date of Receipt							
	Mailing Address 5513 N GARELOCH AVE	10 14 2021									
	City AZUSA	Transaction ID : SA11AI-26411865 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		60.00							
	Name of Employer (for Individual) Retired	Occup Retire	eation (for Individual)	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 275.00								
С .	Full Name of Individual (Last, First, Middle Initi	al) or Full Org	anization Name	Date of Receipt							
	Mailing Address 5513 N GARELOCH AVE			11 16 2021							
	City AZUSA	State CA	Zip Code 91702	Transaction ID : SA11AI-26417727 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		20.00							
	Name of Employer (for Individual) Retired										
	Receipt For: Primary General Other (specify)										
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	115.00							

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Any information copied from such Reports and or for commercial purposes, other than using the		person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle Ir JOCHER, RONALD, , , Mailing Address 5513 N GARELOCH AVE City	State Zip Code	Date of Receipt M
AZUSA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: □ Primary □ General Other (specify) ▼	CA 91702 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 275.00	Amount of Each Receipt this Period 55.00 Memo Item
Full Name of Individual (Last, First, Middle In JOHNSON, HENRY, , , Mailing Address 2950 KIRKBRIDE WAY APT 212 City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary Other (specify) General Other (specify)	State Zip Code IN 46222 C Occupation (for Individual) Retired Aggregate Year-to-Date 235.00	Date of Receipt O7 O1 2021 Transaction ID: SA11AI-26391481 Amount of Each Receipt this Period 20.00 Memo Item
Full Name of Individual (Last, First, Middle In JOHNSON, HENRY, , , , Mailing Address 2950 KIRKBRIDE WAY APT 212 City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code IN 46222	Date of Receipt M M M / 24 2021 Transaction ID: SA11AI-26401595 Amount of Each Receipt this Period 20.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		95.00
TOTAL This Period (last page this line number	r only)	

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Any information copied from such Reports and or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC						
Full Name of Individual (Last, First, Middle I JOHNSON, HENRY, , ,	nitial) or Full Orga	anization Name	Date of Receipt					
Mailing Address 2950 KIRKBRIDE WAY APT 212			09 09 2021					
City								
INDIANAPOLIS	IN	46222	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		25.00					
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) I	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 235.00						
Full Name of Individual (Last, First, Middle I JOHNSON, HENRY, , , Mailing Address 2950 KIRKBRIDE WAY	nitial) or Full Orga	anization Name	Date of Receipt					
APT 212 City	09 30 2021							
INDIANAPOLIS	State IN	Zip Code 46222	Transaction ID : SA11Al-26409267 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) d	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 235.00						
Full Name of Individual (Last, First, Middle I JOHNSON, HENRY, , ,	nitial) or Full Orga	anization Name	Date of Receipt					
Mailing Address 2950 KIRKBRIDE WAY APT 212	lo.	7.0.1	12 14 2021					
City INDIANAPOLIS	State IN	Zip Code 46222	Transaction ID : SA11AI-26422599					
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period					
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 235.00						
SUBTOTAL of Receipts This Page (optional)		•	75.00					
TOTAL This Period (last page this line numbe	er only)							

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Any information copied from such Reports and or for commercial purposes, other than using th								
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE F	PAC						
Full Name of Individual (Last, First, Middle Ir JOHNSON, HENRY, , , Mailing Address 2950 KIRKBRIDE WAY	nitial) or Full Orga	anization Name	Date of Receipt					
APT 212			12 22 2021					
City								
INDIANAPOLIS	IN	46222	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 235.00						
Full Name of Individual (Last, First, Middle Ir JONES, CAROLE, , , Mailing Address 2550 KENSINGTON GARDN	, ,	anization Name	Date of Receipt					
UNIT 205	07 08 2021							
City ELLICOTT CITY	State MD	Zip Code 21043	Transaction ID : SA11AI-26392775 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) d	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 240.00						
Full Name of Individual (Last, First, Middle Ir JONES, CAROLE, , ,	nitial) or Full Orga	anization Name	Date of Receipt					
Mailing Address 2550 KENSINGTON GARDN UNIT 205		7.01	09 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City ELLICOTT CITY	State MD	Zip Code 21043	Transaction ID : SA11AI-26405549 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 240.00						
SUBTOTAL of Receipts This Page (optional)		>	75.00					
TOTAL This Period (last page this line number	only)							

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Any information copied from such Reports and S or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC					
Full Name of Individual (Last, First, Middle Ini JONES, CAROLE, , ,	tial) or Full Organization Name	Date of Receipt				
Mailing Address 2550 KENSINGTON GARDNI UNIT 205	ES	M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1				
City	State Zip Code	Transaction ID : SA11AI-26417373				
ELLICOTT CITY	MD 21043	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	50.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Retired	Retired					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	240.00					
Other (specify)	240.00					
Full Name of Individual (Last, First, Middle Ini	Date of Receipt					
Mailing Address 2550 KENSINGTON GARDNE UNIT 205	ES	12 18 2021				
City	State Zip Code	Transaction ID : SA11AI-26423395				
ELLICOTT CITY	MD 21043	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	35.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00					
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt				
Mailing Address 232 FAIRFAX DR		07 15 2021				
City	State Zip Code	Transaction ID : SA11AI-26344603				
WARWICK	RI 02888	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	20.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:	or: Aggregate Year-to-Date ▼					
Primary General Other (specify)	225.00					
SUBTOTAL of Receipts This Page (optional)	>	105.00				
TOTAL This Period (last page this line number	only)					

Use separate schedule(s) for each category of the Detailed Summary Page

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE F	PAC						
Α.	Full Name of Individual (Last, First, Middle Initial JORJORIAN, ELEANOR, , , Mailing Address 232 FAIRFAX DR	al) or Full Orga	anization Name	Date of Receipt					
	Maining / Ida i ed 202 All II AX BX			08 03 2021					
	City	State RI	Zip Code	Transaction ID : SA11AI-26397401					
	WARWICK	KI	02888	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		20.00					
	Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) d	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 225.00						
В.	Full Name of Individual (Last, First, Middle Initial JORJORIAN, ELEANOR, , ,	al) or Full Orga	anization Name	Date of Receipt					
	Mailing Address 232 FAIRFAX DR	10 05 2021							
	City WARWICK	State RI	Zip Code 02888	Transaction ID: SA11AI-26409975					
	FEC ID number of contributing federal political committee.	C	02000	Amount of Each Receipt this Period					
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 225.00						
<u>с</u> .	Full Name of Individual (Last, First, Middle Initial JORJORIAN, ELEANOR, , ,	al) or Full Orga	anization Name	Date of Receipt					
	Mailing Address 232 FAIRFAX DR			10 08 2021					
	City WARWICK	State RI	Zip Code 02888	Transaction ID : SA11AI-26410751 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		15.00					
	Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item					
	Receipt For:	Aggregate Ye	ear-to-Date ▼						
	Other (specify) General		225.00						
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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE F	PAC						
Α.	Full Name of Individual (Last, First, Middle Initial JORJORIAN, ELEANOR, , , Mailing Address 232 FAIRFAX DR	al) or Full Orga	anization Name	Date of Receipt					
				11 02 2021					
	City WARWICK	State RI	Zip Code 02888	Transaction ID : SA11AI-26415249					
	FEC ID number of contributing federal political committee.	C	02000	Amount of Each Receipt this Period 20.00					
	Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) d	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 225.00						
В.	Full Name of Individual (Last, First, Middle Initial JORJORIAN, ELEANOR, , ,	ne of Individual (Last, First, Middle Initial) or Full Organization Name ORIAN, ELEANOR, , ,							
	Mailing Address 232 FAIRFAX DR	State	Zin Codo	11 05 2021					
	City WARWICK	State RI	Zip Code 02888	Transaction ID : SA11AI-26415915 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		20.00					
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 225.00						
С .	Full Name of Individual (Last, First, Middle Initial JORJORIAN, ELEANOR, , ,	al) or Full Orga	anization Name	Date of Receipt					
	Mailing Address 232 FAIRFAX DR		I	12 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City WARWICK	State RI	Zip Code 02888	Transaction ID : SA11AI-26420813 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		20.00					
	Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) d	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 225.00						
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			60.00					

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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle In JORJORIAN, ELEANOR, , , Mailing Address 232 FAIRFAX DR	nitial) or Full Orga	anization Name	Date of Receipt
			12 21 2021
City	State	Zip Code	Transaction ID : SA11AI-26424213
WARWICK	RI	02888	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼			
Full Name of Individual (Last, First, Middle In JUDD, JUDY, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 1241 ISLAND DR APT 101	08 26 2021		
City ANN ARBOR	State	Zip Code 48105	Transaction ID : SA11AI-26356133
FEC ID number of contributing federal political committee.	С	40103	Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 700,00	
Full Name of Individual (Last, First, Middle In KARRISH, GEORGE, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 1042 NEUMARK AVE			09 30 / Y Y Y Y Y Y
City PLEASANTVILLE	State NJ	Zip Code 08232	Transaction ID : SA11AI-26365495 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 230.00	
SUBTOTAL of Receipts This Page (optional)		>	370.00
TOTAL This Period (last page this line number	r only)		

Use separate schedule(s) for each category of the Detailed Summary Page (check only 11a)

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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle In KARRISH, GEORGE, , , Mailing Address 1042 NEUMARK AVE	nitial) or Full Orga	anization Name	Date of Receipt
		I	09 30 2021
City PLEASANTVILLE	State NJ	Zip Code 08232	Transaction ID : SA11AI-26365725
FEC ID number of contributing federal political committee.	C	00202	Amount of Each Receipt this Period 35.00
Name of Employer (for Individual) Retired Receipt For: Primary General	Occupa Retired	ar-to-Date ▼	Memo Item
Other (specify) ▼ Full Name of Individual (Last, First, Middle Ir	nitial) or Full Orga	230.00 anization Name	
Mailing Address 1042 NEUMARK AVE City	State	Zip Code	Date of Receipt 10 21 2021
PLEASANTVILLE	NJ	08232	Transaction ID : SA11AI-26370733 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 230.00	
Full Name of Individual (Last, First, Middle In KARRISH, GEORGE, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 1042 NEUMARK AVE			11 04 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City PLEASANTVILLE	State NJ	Zip Code 08232	Transaction ID : SA11AI-26376735 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 230.00	
SUBTOTAL of Receipts This Page (optional)			130.00
TOTAL This Period (last page this line number	r only)		

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle II KEENAN, WILLIAM, , , Mailing Address 5100 SHARON RD	nitial) or Full Organization Name	Date of Receipt
UNIT 1201		07 05 2021
City	State Zip Code	Transaction ID : SA11AI-26391875
CHARLOTTE	NC 28210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00]
Full Name of Individual (Last, First, Middle II KEENAN, WILLIAM, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 5100 SHARON RD UNIT 1201	10 15 2021	
City CHARLOTTE	State Zip Code NC 28210	Transaction ID : SA11AI-26412105 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00]
Full Name of Individual (Last, First, Middle In KELLIHER, ANNE, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 32 GRANT AVE		07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NORWOOD	State Zip Code MA 02062	Transaction ID : SA11AI-26340813 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 230.00	
SUBTOTAL of Receipts This Page (optional)		260.00
TOTAL This Period (last page this line number	r only)	

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE I	PAC					
Α.	Full Name of Individual (Last, First, Middle Initial KELLIHER, ANNE, , ,	Date of Receipt						
	Mailing Address 32 GRANT AVE	08 18 2021						
	City	State Zip Code		Transaction ID: SA11AI-26400219				
	NORWOOD	MA	02062	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		50.00				
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 230.00					
В.	Full Name of Individual (Last, First, Middle Initial KELLIHER, ANNE, , ,	Date of Receipt						
	Mailing Address 32 GRANT AVE	I	Tan a .	09 16 2021				
	City	State	Zip Code	Transaction ID : SA11AI-26406361				
	NORWOOD	MA	02062	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		35.00				
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item				
	Receipt For:	Aggregate Ye	ear-to-Date ▼					
	Primary General Other (specify) ▼	4	230.00					
<u> </u>	Full Name of Individual (Last, First, Middle Initial KELLIHER, ANNE, , ,	Date of Receipt						
•	Mailing Address 32 GRANT AVE	09 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City NORWOOD	State MA	Zip Code 02062	Transaction ID : SA11AI-26407619 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		35.00				
	Name of Employer (for Individual) Retired	Occup	Memo Item					
	Receipt For:			1				
	Primary General	Aggregate Ye						
	Other (specify)		230.00					
s	UBTOTAL of Receipts This Page (optional)	120.00						
Ι,	OTAL This Period (last page this line number o							

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Any information copied from such Reports and or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	;			
Full Name of Individual (Last, First, Middle In KELLIHER, ANNE, , , Mailing Address 32 GRANT AVE	Date of Receipt				
	10 14 2021				
City NORWOOD	I .	Code 2062	Transaction ID : SA11AI-26368883		
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 35.00		
Name of Employer (for Individual) Retired	Occupation Retired	(for Individual)	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 230.00			
Full Name of Individual (Last, First, Middle I KELLIHER, ANNE, , , Mailing Address 32 GRANT AVE	Date of Receipt				
City NORWOOD		Code 2062	Transaction ID : SA11Al-26423349 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		50.00		
Name of Employer (for Individual) Retired	Occupation Retired	(for Individual)	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 230.00			
Full Name of Individual (Last, First, Middle In KELLY, ROSALEEN, , ,	Date of Receipt				
Mailing Address 54 HACIENDA CIR	07 28 2021				
City ORINDA		Code 1563	Transaction ID : SA11AI-26396327 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		100.00		
Name of Employer (for Individual) Retired	Occupation Retired	(for Individual)	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Year-to-	Date ▼ 300.00			
SUBTOTAL of Receipts This Page (optional)		>	185.00		
TOTAL This Period (last page this line numbe	r only)				

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle Ir KELLY, ROSALEEN, , , Mailing Address 54 HACIENDA CIR City ORINDA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code CA 94563 C Occupation (for Individual) Retired Aggregate Year-to-Date 300.00	Date of Receipt 09 27 2021 Transaction ID: SA11AI-26408343 Amount of Each Receipt this Period 50.00 Memo Item
Full Name of Individual (Last, First, Middle In KENT, PHILIP, , , Mailing Address 1601 W GILFORD RD City CARO FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code MI 48723 C Occupation (for Individual) Retired Aggregate Year-to-Date 260.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle In KENT, PHILIP, , , Mailing Address 1601 W GILFORD RD City CARO FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code MI 48723 C Occupation (for Individual) Retired Aggregate Year-to-Date 260.00	Date of Receipt 09
SUBTOTAL of Receipts This Page (optional)	>	250.00
TOTAL This Period (last page this line number	r only)	

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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may no he name and addre	ot be sold or used by any person of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PA	AC		
Full Name of Individual (Last, First, Middle KENT, PHILIP, , , Mailing Address 1601 W GILFORD RD	Initial) or Full Organ	ization Name	Date of Receipt	
			12 23 2021	
City		Zip Code	Transaction ID : SA11AI-26424797	
CARO	MI	48723	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	60.00		
Name of Employer (for Individual) Retired	Occupati Retired	on (for Individual)	Memo Item	
Receipt For: Primary General Other (specify) ▼				
Full Name of Individual (Last, First, Middle KING, EARL, , , Mailing Address 20815 ADELINE DR	Initial) or Full Organ	ization Name	Date of Receipt	
			08 11 2021	
COLEAN	State CA	Zip Code	Transaction ID : SA11AI-26399057	
COLFAX FFC ID number of contributing	CA	95713	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		25.00	
Name of Employer (for Individual) Retired	Occupati Retired	ion (for Individual)	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 250.00		
Full Name of Individual (Last, First, Middle	 Initial) or Full Organ	ization Name	Data of Pagaint	
Mailing Address 20815 ADELINE DR			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City		Zip Code	Transaction ID : SA11AI-26403695	
COLFAX	CA	95713	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		20.00	
Name of Employer (for Individual) Retired	Occupati Retired	on (for Individual)	Memo Item	
Receipt For: Primary General	Aggregate rear-to-bate *			
Other (specify)		250.00		
SUBTOTAL of Receipts This Page (optional).		·····	105.00	
TOTAL This Period (last page this line number	er only)			

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	ny information copied from such Reports and St for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC				
Α.	Full Name of Individual (Last, First, Middle Initi KING, EARL, , ,	al) or Full Org	ganization Name	Date of Receipt			
	Mailing Address 20815 ADELINE DR			11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID : SA11AI-26415409			
	COLFAX	CA	95713	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		35.00			
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual) ed	Memo Item			
	Receipt For: Primary General Other (specify) ▼						
В.	Full Name of Individual (Last, First, Middle Initi	ganization Name	Date of Receipt				
	Mailing Address 20815 ADELINE DR	11 18 2021					
	City	State	Zip Code	Transaction ID : SA11AI-26418251			
	COLFAX	CA	95713	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	30.00					
	Name of Employer (for Individual) Retired	Occu Retire	pation (for Individual) ed	Memo Item			
	Receipt For:	Aggregate Y	∕ear-to-Date ▼				
	Primary General Other (specify) ▼						
С .	Full Name of Individual (Last, First, Middle Initi KOCHISS, JOHN, , ,	al) or Full Org	ganization Name	Date of Receipt			
	Mailing Address 88 EAGER RD			08 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City NORTH FRANKLIN	State CT	Zip Code 06254	Transaction ID : SA11AI-26355931			
			1 0020	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		35.00			
	Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) ed	Memo Item			
	Receipt For:	Aggregate V	/ear-to-Date ▼	1			
	Primary General Other (specify)						
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	100.00			
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTI	H ALLIANCE PAC						
Full Name of Individual (Last, First, Middle KOCHISS, JOHN, , ,	le Initial) or Full Organization Name	Date of Receipt					
Mailing Address 88 EAGER RD		10 07 2021					
City	State Zip Code	Transaction ID : SA11AI-26367351					
NORTH FRANKLIN	CT 06254	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	35.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify) ▼							
Full Name of Individual (Last, First, Middle KOCHISS, JOHN, , ,	Date of Receipt						
Mailing Address 88 EAGER RD	10 21 2021						
City	State Zip Code						
NORTH FRANKLIN	CT 06254	Transaction ID : SA11AI-26370737 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	ů III						
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	Primary General Aggregate Tear-to-Date ¥						
Full Name of Individual (Last, First, Middle. KOCHISS, JOHN, , ,	le Initial) or Full Organization Name	Date of Receipt					
Mailing Address 88 EAGER RD		10 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City NORTH FRANKLIN	State Zip Code CT 06254	Transaction ID : SA11AI-26371215 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	35.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Retired	Retired						
Primary General Other (specify)							
SUBTOTAL of Receipts This Page (optional	al)	105.00					

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	Statements may not be sold or used by any pene name and address of any political committee				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC				
Full Name of Individual (Last, First, Middle In KOCHISS, JOHN, , , Mailing Address 88 EAGER RD City NORTH FRANKLIN FEC ID number of contributing federal political committee.	Mailing Address 88 EAGER RD City State Zip Code CT 06254 EEC ID number of contributing ederal political committee.				
Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) ▼	Memo Item				
Full Name of Individual (Last, First, Middle In KULE, NANCY, , , Mailing Address 74 FOX TRACE LN City HUDSON FEC ID number of contributing federal political committee.	Date of Receipt Mark				
Name of Employer (for Individual) Retired Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 245.00	Memo Item			
Full Name of Individual (Last, First, Middle II KULE, NANCY, , , Mailing Address 74 FOX TRACE LN City HUDSON FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code OH 44236 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 245.00	Date of Receipt 11 03 2021 Transaction ID: SA11AI-26415515 Amount of Each Receipt this Period 55.00 Memo Item			
SUBTOTAL of Receipts This Page (optional)	>	140.00			
TOTAL This Period (last page this line numbe	r only)				

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Any information copied from such Reports and or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle In KULE, NANCY, , , Mailing Address 74 FOX TRACE LN City HUDSON	State Zip Code OH 44236	Date of Receipt 12 09 2021 Transaction ID : SA11AI-26421691 Amount of Each Receipt this Period				
federal political committee. Name of Employer (for Individual) Retired Receipt For: □ Primary □ General □ Other (specify) ▼	me of Employer (for Individual) tired ceipt For: Primary Occupation (for Individual) Retired Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Middle In KULIK, MICHELE, , , Mailing Address 2101 BIRCH TRACE DR City AUSTINTOWN FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary Other (specify) General Other (specify)	State Zip Code OH 44515 C Occupation (for Individual) Retired Aggregate Year-to-Date 445.00	Date of Receipt O7 27 2021 Transaction ID : SA11Al-26396121 Amount of Each Receipt this Period 75.00 Memo Item				
Full Name of Individual (Last, First, Middle In KULIK, MICHELE, , , Mailing Address 2101 BIRCH TRACE DR City AUSTINTOWN FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code OH 44515 C Occupation (for Individual) Retired Aggregate Year-to-Date 445.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
SUBTOTAL of Receipts This Page (optional))	250.00				
TOTAL This Period (last page this line number	r only)					

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	Statements may not be sold or used by any personance name and address of any political committee to						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC						
Full Name of Individual (Last, First, Middle In KULIK, MICHELE, , , Mailing Address 2101 BIRCH TRACE DR	itial) or Full Organization Name	Date of Receipt					
City	State Zip Code	08 25 2021 Transaction ID : SA11Al-26401761					
AUSTINTOWN	OH 44515	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	35.00					
Name of Employer (for Individual) Retired							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 445.00						
Full Name of Individual (Last, First, Middle In LABELLE, ROBERT, , ,	itial) or Full Organization Name	Date of Receipt					
Mailing Address 182 W 126TH AVE City	Mailing Address 182 W 126TH AVE City State Zip Code						
CROWN POINT	ROWN POINT IN 46307						
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00						
Full Name of Individual (Last, First, Middle Inc. LABELLE, ROBERT, , ,	itial) or Full Organization Name	Date of Receipt					
Mailing Address 182 W 126TH AVE		10 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City CROWN POINT	State Zip Code IN 46307	Transaction ID : SA11AI-26410279 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	35.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 215.00						
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	120.00					
TOTAL This Period (last page this line number	only)						

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	ny information copied from such Reports and State for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC				
Α.	Full Name of Individual (Last, First, Middle Initi- LABELLE, ROBERT, , ,	al) or Full Orç	ganization Name	Date of Receipt			
	Mailing Address 182 W 126TH AVE			12 14 2021			
	City	State	Zip Code	Transaction ID : SA11AI-26422601			
	CROWN POINT	IN	46307	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		35.00			
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual) ed	Memo Item			
	Receipt For: Primary General Other (specify) ▼						
В.	Full Name of Individual (Last, First, Middle Initi LABELLE, ROBERT, , ,	al) or Full Orç	ganization Name	Date of Receipt			
	Mailing Address 182 W 126TH AVE	12 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	Zip Code 46307	Transaction ID : SA11AI-26423777				
	CROWN POINT	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	70.00					
	Name of Employer (for Individual) Retired	Occu Retire	pation (for Individual) ed	Memo Item			
	Receipt For:	Aggregate Y	∕ear-to-Date ▼				
	Primary General Other (specify) ▼						
<u>С</u> .	Full Name of Individual (Last, First, Middle InitiLEBLANC, WADE, , ,	al) or Full Or	ganization Name	Date of Receipt			
	Mailing Address 4862 KEITHDALE LN			07 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City BLOOMFIELD TWP	State MI	Zip Code 48302	Transaction ID : SA11AI-26394487 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		35.00			
	Name of Employer (for Individual)	Occup Retire	oation (for Individual)	Memo Item			
	Receipt For:		'ear-to-Date ▼	+			
	Primary General Other (specify)		215.00				
H	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number o			140.00			

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	ny information copied from such Reports and Stator commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCI	E PAC					
Α.	Full Name of Individual (Last, First, Middle Initial LEBLANC, WADE, , ,	al) or Full (Organization Name	Date of Receipt				
	Mailing Address 4862 KEITHDALE LN			08 26 2021				
	City	State	Zip Code	Transaction ID : SA11AI-26402213				
	BLOOMFIELD TWP	MI	48302	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual) Retired		cupation (for Individual) tired	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 215.00						
В.	Full Name of Individual (Last, First, Middle Initial LEBLANC, WADE, , ,	al) or Full (Organization Name	Date of Receipt				
	Mailing Address 4862 KEITHDALE LN		08 27 2021					
	City	Zip Code 48302	Transaction ID : SA11AI-26402523					
	BLOOMFIELD TWP	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	35.00						
	Name of Employer (for Individual) Retired		cupation (for Individual) tired	Memo Item				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼	Primary General						
С .	Full Name of Individual (Last, First, Middle Initia	al) or Full (Organization Name	Date of Receipt				
	Mailing Address 1640 CORTE DE MEDEA			07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City SAN JOSE	State CA	Zip Code 95124	Transaction ID : SA11AI-26349139 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		35.00				
	Name of Employer (for Individual) Retired		cupation (for Individual) ired	Memo Item				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify)	riggi ogalio	210.00					
H	SUBTOTAL of Receipts This Page (optional)			120.00				

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any proper name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle In LEE, JANE, , , Mailing Address 1640 CORTE DE MEDEA City SAN JOSE FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired	State Zip Code CA 95124 C Occupation (for Individual) Retired	Date of Receipt M M M / 2021 Transaction ID : SA11AI-26366027 Amount of Each Receipt this Period 35.00 Memo Item				
Receipt For: Primary General Other (specify) ▼						
Full Name of Individual (Last, First, Middle II LEE, LOIS, , , Mailing Address 4705 RANGER LN City CHATTANOOGA	State Zip Code TN 37416	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General	Occupation (for Individual) Retired Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 75.00 Memo Item				
	Mailing Address 1640 CORTE DE MEDEA City State Zip Code					
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	Occupation (for Individual) Retired Aggregate Year-to-Date 210.00	35.00 Memo Item				
SUBTOTAL of Receipts This Page (optional)		145.00				
TOTAL This Period (last page this line number	r only)					

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC								
Α.	Full Name of Individual (Last, First, Middle Initial LEE, LOIS, , , Mailing Address 4705 RANGER LN	al) or Full Org	anization Name	Date of Receipt							
				11 22 2021							
	CHATTANOGGA	State TN	Zip Code 37416	Transaction ID : SA11AI-26418599							
	CHATTANOOGA	IIV	3/410	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C	100.00								
	Name of Employer (for Individual) Retired	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 275.00								
В.	Full Name of Individual (Last, First, Middle Initial LEE, JANE, , ,	anization Name	Date of Receipt								
	Mailing Address 1640 CORTE DE MEDEA			12 23 2021							
	City	Transaction ID : SA11AI-26387783									
	SAN JOSE	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		35.00							
	Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) ed	Memo Item							
	Receipt For:	Aggregate Ye	ear-to-Date ▼								
	Primary General Other (specify) ▼		210.00								
С .	Full Name of Individual (Last, First, Middle Initial LEUBE, JENNIFER, , ,	al) or Full Org	anization Name	Date of Receipt							
	Mailing Address 6 ORCHARDCREST DR			08							
	City OROVILLE	State CA	Zip Code 95965	Transaction ID : SA11AI-26397093							
	FEC ID number of contributing	07.	30000	Amount of Each Receipt this Period							
	federal political committee.	C		50.00							
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item							
	Receipt For:										
	Other (specify) General		225.00								
H	SUBTOTAL of Receipts This Page (optional)			185.00							

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 120 OF Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name LEUBE, JENNIFER, , , Date of Receipt Mailing Address 6 ORCHARDCREST DR 2021 City Zip Code State Transaction ID: SA11AI-26371469 CA **OROVILLE** 95965 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** LEUBE, JENNIFER, , , Date of Receipt Mailing Address 6 ORCHARDCREST DR 80 2021 City State Zip Code Transaction ID: SA11AI-26421503 **OROVILLE** CA 95965 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. LEWIS, LANA, , , Date of Receipt

Mailing Address 7801 JOYCE DR 01 2021 City State Zip Code Transaction ID: SA11AI-26391397 CA **SEBASTOPOL** 95472 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 275.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC						
Full Name of Individual (Last, First, Middle II LEWIS, LANA, , , Mailing Address 7801 JOYCE DR	nitial) or Full Orga	nization Name	Date of Receipt					
ag / taa. 555 / 607 607 60 F 61			07 19 2021					
City	State	Zip Code	Transaction ID : SA11AI-26394535					
SEBASTOPOL	SEBASTOPOL CA 95472							
FEC ID number of contributing federal political committee.	50.00							
Name of Employer (for Individual) Retired	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00						
Full Name of Individual (Last, First, Middle II LEWIS, ROY, , , Mailing Address 214 LAKEVIEW ST	nitial) or Full Orga	nization Name	Date of Receipt					
Mailing Address 214 LAKEVIEW 51			07 30 2021					
City	State	Zip Code	Transaction ID : SA11AI-26396907					
MILFORD	KS	66514	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		50.00					
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) I	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 320,00						
Full Name of Individual (Last, First, Middle In LEWIS, ROY, , ,	nitial) or Full Orga	nization Name	Date of Receipt					
Mailing Address 214 LAKEVIEW ST			08 25 2021					
City MILFORD	State KS	Zip Code 66514	Transaction ID : SA11AI-26401703					
FEC ID number of contributing federal political committee.	С	00014	Amount of Each Receipt this Period 35.00					
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 320.00						
SUBTOTAL of Receipts This Page (optional)		>	135.00					
TOTAL This Period (last page this line number	r only)							

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	Statements may not be sold or used by any per- e name and address of any political committee to			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC			
Full Name of Individual (Last, First, Middle Ir LEWIS, ROY, , , Mailing Address 214 LAKEVIEW ST City MILFORD FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	Date of Receipt M M M / D P / 2021 Transaction ID : SA11Al-26407977 Amount of Each Receipt this Period 50.00 Memo Item			
Full Name of Individual (Last, First, Middle Ir LEWIS, ROY, , , Mailing Address 214 LAKEVIEW ST City MILFORD FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code KS 66514 C Occupation (for Individual) Retired Aggregate Year-to-Date 320.00	Date of Receipt 12 27 2021 Transaction ID: SA11Al-26425427 Amount of Each Receipt this Period 50.00 Memo Item		
Full Name of Individual (Last, First, Middle In LITTLE, GILBERT, , , Mailing Address 405 AVENIDA DR City HAUGHTON FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code LA 71037 C Occupation (for Individual) Retired Aggregate Year-to-Date 400.00	Date of Receipt O7 O1 2021 Transaction ID: SA11AI-26340855 Amount of Each Receipt this Period 100.00 Memo Item		
SUBTOTAL of Receipts This Page (optional)	<u> </u>	200.00		
TOTAL This Period (last page this line number	only)			

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pene name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In LITTLE, GILBERT, , , Mailing Address 405 AVENIDA DR City HAUGHTON FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	Date of Receipt 10 14 2021 Transaction ID: SA11Al-26370351 Amount of Each Receipt this Period 100.00 Memo Item	
Full Name of Individual (Last, First, Middle In LITTLE, GILBERT, , , Mailing Address 405 AVENIDA DR City HAUGHTON FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code LA 71037 C Occupation (for Individual) Retired Aggregate Year-to-Date 400.00	Date of Receipt 11 02 2021 Transaction ID: SA11Al-26415139 Amount of Each Receipt this Period 100.00 Memo Item
Full Name of Individual (Last, First, Middle In LOPEZ, MARY LOU, , , , Mailing Address 380 WALNUT LN City GILROY FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code CA 95020 C Occupation (for Individual) Retired Aggregate Year-to-Date 205.00	Date of Receipt 11 18 2021 Transaction ID : SA11AI-26418085 Amount of Each Receipt this Period 25.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	>	225.00
TOTAL This Period (last page this line number	r only)	

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Any information copied from such Reports and or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PA	C					
Full Name of Individual (Last, First, Middle II LOPEZ, MARY LOU, , , Mailing Address 380 WALNUT LN	nitial) or Full Organiz	zation Name	Date of Receipt				
Maining Addition 500 WALNUT LIN			12 12 2021				
City		Zip Code	Transaction ID : SA11AI-26422129				
GILROY	CA	95020	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		45.00				
Name of Employer (for Individual) Retired	Retired Retired						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-t						
Full Name of Individual (Last, First, Middle I LYNCH, LOUISE, , , Mailing Address 2529 ZINFANDEL DR	nitial) or Full Organiz	zation Name	Date of Receipt				
City	Ctata	Zin Codo	07 01 2021				
City RANCHO CORDOVA		Zip Code 95670	Transaction ID : SA11AI-26391489 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		15.00				
Name of Employer (for Individual) Retired	Occupatio Retired	n (for Individual)	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	to-Date ▼ 265.00					
Full Name of Individual (Last, First, Middle II	nitial) or Full Organiz	zation Name	Date of Receipt				
Mailing Address 2529 ZINFANDEL DR			08 13 2021				
City RANCHO CORDOVA		Zip Code 95670	Transaction ID : SA11AI-26399365				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 100.00				
Name of Employer (for Individual) Retired	Occupatio Retired	n (for Individual)	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-t	to-Date ▼ 265.00					
SUBTOTAL of Receipts This Page (optional)		>	160.00				
TOTAL This Period (last page this line numbe	r only)						

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	Statements may not be sold or used by any per name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle II LYNCH, LOUISE, , , Mailing Address 2529 ZINFANDEL DR City RANCHO CORDOVA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary Other (specify) General	Date of Receipt 10 04 2021 Transaction ID: SA11Al-26409891 Amount of Each Receipt this Period 75.00 Memo Item	
Full Name of Individual (Last, First, Middle II MANUAL, SHIRLEY, , , Mailing Address 916 SANTIAGO AVE City LONG BEACH FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) Other (specify)	265.00 State	Date of Receipt 07 22 2021 Transaction ID: SA11Al-26395321 Amount of Each Receipt this Period 50.00 Memo Item
Full Name of Individual (Last, First, Middle In MANUAL, SHIRLEY, , , Mailing Address 916 SANTIAGO AVE City LONG BEACH FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code CA 90804 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼	Date of Receipt 11 17 2021 Transaction ID: SA11AI-26417895 Amount of Each Receipt this Period 35.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	<u> </u>	160.00
TOTAL This Period (last page this line numbe	r only)	45 45 45

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Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements name ar	s may nd add	not be sold or used by any per dress of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIAN	CE I	PAC	
Α.	Full Name of Individual (Last, First, Middle Initia MATSUTANI, WENDY, , ,	al) or Fu	ıll Org	anization Name	Date of Receipt
	Mailing Address 609 W SIERRA MADRE BLVD APT 8				08 29 2021
	City	State)	Zip Code	Transaction ID : SA11AI-26402567
	SIERRA MADRE	CA		91024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			35.00
	Name of Employer (for Individual) Retired		Occup Retire	ation (for Individual) d	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggreg	gate Ye	ear-to-Date ▼ 205.00	
В.	Full Name of Individual (Last, First, Middle Initia MATSUTANI, WENDY, , , Mailing Address 609 W SIERRA MADRE BLVD	al) or Fu	ull Org	anization Name	Date of Receipt
	APT 8				10 14 2021
	City	State)	Zip Code	Transaction ID : SA11AI-26412071
	SIERRA MADRE	CA		91024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			50.00
	Name of Employer (for Individual) Retired		Occup Retire	ation (for Individual) d	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggreg	gate Ye	ear-to-Date ▼ 205.00	
С .	Full Name of Individual (Last, First, Middle Initial MATSUTANI, WENDY, , ,	al) or Fu	ıll Org	anization Name	Date of Receipt
	Mailing Address 609 W SIERRA MADRE BLVD APT 8	Te			11 08 2021
	City SIERRA MADRE	State CA)	Zip Code 91024	Transaction ID : SA11AI-26416175 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			35.00
	Name of Employer (for Individual) Retired		Occup Retired	ation (for Individual) d	Memo Item
	Receipt For:	Aggreg	gate Ye	ear-to-Date ▼	
	Primary General Other (specify)			205.00	
s	UBTOTAL of Receipts This Page (optional)			·····	120.00
Т	OTAL This Period (last page this line number o	nly)			

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Any information copied from such Reports and or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC					
Full Name of Individual (Last, First, Middle I MATSUTANI, WENDY, , , Mailing Address 609 W SIERRA MADRE BL		nization Name	Date of Receipt				
APT 8	VD		12 01 2021				
City	State	Zip Code	Transaction ID : SA11AI-26420321				
SIERRA MADRE	CA	91024	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		50.00				
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 205.00					
Full Name of Individual (Last, First, Middle I MATSUTANI, WENDY, , ,	, ,	nization Name	Date of Receipt				
Mailing Address 609 W SIERRA MADRE BL' APT 8 City	12 20 7 2021						
SIERRA MADRE	State CA	Zip Code 91024	Transaction ID : SA11Al-26423821 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		35.00				
Name of Employer (for Individual) Retired							
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 205.00					
Full Name of Individual (Last, First, Middle I	nitial) or Full Orga	nization Name	Date of Receipt				
Mailing Address 4 TAMARACK RD			07				
City NATICK	State MA	Zip Code 01760	Transaction ID : SA11AI-26341347				
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 25.00				
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 230.00					
SUBTOTAL of Receipts This Page (optional)		>	110.00				
TOTAL This Period (last page this line number	er only)						

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	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle MCCARTHY, ROBERT, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 4 TAMARACK RD		07 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-26347151
NATICK	MA 01760	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	230.00	
Full Name of Individual (Last, First, Middle MCCARTHY, ROBERT, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 4 TAMARACK RD		08 05 2021
City	State Zip Code	Transaction ID : SA11AI-26351133
NATICK	MA 01760	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	230.00	
Full Name of Individual (Last, First, Middle C. MCCARTHY, ROBERT, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 4 TAMARACK RD		11 11 2021
City	State Zip Code	Transaction ID : SA11AI-26377401
NATICK	MA 01760	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	230.00	
SUBTOTAL of Receipts This Page (optional).		100.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini MCCARTHY, ROBERT, , , Mailing Address 4 TAMARACK RD City NATICK FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code MA 01760 C Occupation (for Individual) Retired Aggregate Year-to-Date 230.00	Date of Receipt 12 09 2021 Transaction ID: SA11Al-26384851 Amount of Each Receipt this Period 15.00 Memo Item
Full Name of Individual (Last, First, Middle Ini MCNAIRY, BOBBIE, , , , Mailing Address 2 GALESVILLE CT City GAITHERSBURG FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	tial) or Full Organization Name State	Date of Receipt M M M / D D / 2021 Transaction ID : SA11Al-26403445 Amount of Each Receipt this Period 35.00 Memo Item
Full Name of Individual (Last, First, Middle Ini MCNAIRY, BOBBIE, , , Mailing Address 2 GALESVILLE CT City GAITHERSBURG FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code MD 20878 C Occupation (for Individual) Retired Aggregate Year-to-Date 295.00	Date of Receipt 11 15 2021 Transaction ID: SA11AI-26417401 Amount of Each Receipt this Period 40.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		90.00
TOTAL This Period (last page this line number	only)	7 7 7

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MCNAIRY, BOBBIE, , , Date of Receipt Mailing Address 2 GALESVILLE CT 2021 City Zip Code State Transaction ID: SA11AI-26422595 MD **GAITHERSBURG** 20878 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 295.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MCNAIRY, BOBBIE, , , Date of Receipt Mailing Address 2 GALESVILLE CT 14 2021 City State Zip Code Transaction ID: SA11AI-26422739 **GAITHERSBURG** MD 20878 Amount of Each Receipt this Period FEC ID number of contributing 105.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 295.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. MELVILLE, TERESA, , , Date of Receipt Mailing Address 1564 N KING ST 80 2021 APT 1C City State Zip Code Transaction ID: SA11AI-26343935 VA**HAMPTON** 23669 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 220.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC	
Full Name of Individual (Last, First, Middle In MELVILLE, TERESA, , , Mailing Address 1564 N KING ST	nitial) or Full Orga	nization Name	Date of Receipt
APT 1C			10 01 2021
City	State	Zip Code	Transaction ID : SA11AI-26409435
HAMPTON	VA	23669	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 260.00	
Full Name of Individual (Last, First, Middle In MILLER, JOAN, , , Mailing Address 119 PUESTA DEL SOL	nitial) or Full Orga	nization Name	Date of Receipt
City	Ctata	Zin Codo	07 14 2021
City LOS GATOS	State	Zip Code 95032	Transaction ID : SA11AI-26393763
FEC ID number of contributing federal political committee.	С	J 30032	Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle In MILLER, JOAN, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 119 PUESTA DEL SOL			12 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LOS GATOS	State CA	Zip Code 95032	Transaction ID : SA11AI-26421899
FEC ID number of contributing federal political committee.	С	33002	Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Retired	Occupa Retired	ition (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		>	210.00
TOTAL This Period (last page this line numbe	r only)		

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle I MILLS, NORMA, , , Mailing Address 2725 S NELLIS BLVD	nitial) or Full Organization Name	Date of Receipt
UNIT 2004		07 13 2021
City	State Zip Code	Transaction ID : SA11AI-26393581
LAS VEGAS	NV 89121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 235.	00
Full Name of Individual (Last, First, Middle I MILLS, NORMA, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 2725 S NELLIS BLVD UNIT 2004 City	State Zip Code	09 16 2021
LAS VEGAS	NV 89121	Transaction ID : SA11Al-26406351 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 235.	00
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1845 QUAIL DR		09 / 24 / 2021
City SAN LUIS OBISPO	State Zip Code 93405	Transaction ID : SA11AI-26408125 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 235.	00
SUBTOTAL of Receipts This Page (optional)		170.00
TOTAL This Period (last page this line numbe	r only)	

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	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle MILLS, NORMA, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2725 S NELLIS BLVD UNIT 2004		10 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-26414297
LAS VEGAS	NV 89121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	235.00	
Full Name of Individual (Last, First, Middle MILLS, NORMA, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2725 S NELLIS BLVD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
UNIT 2004	State 7in Code	12 03 2021
City	State Zip Code NV 89121	Transaction ID : SA11AI-26420809
LAS VEGAS	NV 89121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼]
Primary General Other (specify) ▼	235.00	
Full Name of Individual (Last, First, Middle MILLS, NORMA, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2725 S NELLIS BLVD UNIT 2004		12 22 2021
City	State Zip Code	Transaction ID : SA11AI-26424421
LAS VEGAS	NV 89121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	235.00	
SUBTOTAL of Receipts This Page (optional)		105.00
TOTAL This Desired float in 1922 in 1922	or only)	
IVIAL This Period (last page this line numb	per only)	4-14-14-1

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC		
Full Name of Individual (Last, First, Middle MOORE, BRADLEY, , ,	Initial) or Full Organization Name	Da	te of Receipt
Mailing Address 25 DIVISION ST APT 1			07
City	State Zip Code	Tı	ransaction ID : SA11AI-26391573
SOMERVILLE	NJ 08876	Am	ount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer (for Individual) Retired	Occupation (for Individ	lual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	205.00	
Full Name of Individual (Last, First, Middle MOORE, BRADLEY, , ,	Initial) or Full Organization Name	Da	te of Receipt
Mailing Address 25 DIVISION ST APT 1	75.0.4		07 12 2021
City SOMERVILLE	State Zip Code 08876		ransaction ID : SA11AI-26393201 ount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer (for Individual) Retired	Occupation (for Individ	dual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	205.00	
Full Name of Individual (Last, First, Middle NOORE, DAVID, , ,	Initial) or Full Organization Name	Dat	te of Receipt
Mailing Address 17 GORDON AVE APT 17			08 13 2021
City NEWMARKET	State Zip Code NH 03857		ransaction ID : SA11AI-26352559 ount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Retired	Occupation (for Individ	lual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	330.00	
SUBTOTAL of Receipts This Page (optional).			90.00
TOTAL This Period (last page this line number	er only)		

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle MOORE, BRADLEY, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 25 DIVISION ST APT 1		09 22 2021				
City	State Zip Code	Transaction ID : SA11AI-26407585				
SOMERVILLE	NJ 08876	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.						
Name of Employer (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	205.00				
Full Name of Individual (Last, First, Middle MOORE, BRADLEY, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 25 DIVISION ST APT 1		09 29 2021				
City SOMERVILLE	City State Zip Code SOMERVILLE NJ 08876					
	NJ 08876	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	20.00				
Name of Employer (for Individual) Retired	Occupation (for Individual Retired	Memo Item				
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	4 4	205.00				
Full Name of Individual (Last, First, Middle MOORE, DAVID, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 17 GORDON AVE APT 17		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City NEWMARKET	State Zip Code NH 03857	Transaction ID : SA11AI-26365579 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)		330.00				
SUBTOTAL of Receipts This Page (optional).		90.00				
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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle I MOORE, BRADLEY, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 25 DIVISION ST APT 1		10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-26410463
SOMERVILLE	NJ 08876	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	1.99.19410 1041 10 5410 1	
Other (specify) ▼	205.00	
Full Name of Individual (Last, First, Middle I MOORE, DAVID, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 17 GORDON AVE		M = M / D = D / Y = Y = Y
APT 17	State 7:- 0-1-	10 21 2021
City	State Zip Code NH 03857	Transaction ID : SA11AI-26371725
NEWMARKET	NH 03857	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	330.00	
Full Name of Individual (Last, First, Middle I MOORE, BRADLEY, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 25 DIVISION ST APT 1		10 29 7 2021
City	State Zip Code	Transaction ID : SA11AI-26414621
SOMERVILLE	NJ 08876	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	205.00	
SUBTOTAL of Receipts This Page (optional)		110.00
TOTAL This Period (last page this line number	er only)	

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MOORE, DAVID, , , Date of Receipt Mailing Address 17 GORDON AVE APT 17 18 2021 City Zip Code State Transaction ID: SA11AI-26379903 NH **NEWMARKET** 03857 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** MOORE, BRADLEY, , , Date of Receipt Mailing Address 25 DIVISION ST 2021 APT 1 City State Zip Code Transaction ID: SA11AI-26424571 **SOMERVILLE** NJ 08876 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 205.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. MYERS, STEPHEN, , , Date of Receipt Mailing Address 12413 LICK RUN RD 01 2021 City Zip Code State Transaction ID: SA11AI-26409535 OH **NEWCOMERSTOWN** 43832 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 135.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PA	/C				
Full Name of Individual (Last, First, Middle I MYERS, STEPHEN, , , Mailing Address 12413 LICK RUN RD	nitial) or Full Organiz	zation Name	Date of Receipt			
			10 19 2021			
City	State 2	Zip Code	Transaction ID : SA11AI-26412709			
NEWCOMERSTOWN	UH	43832	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	Ÿ					
Name of Employer (for Individual) Retired	Occupatio Retired	on (for Individual)	Memo Item			
Receipt For: Primary General Other (specify) ▼						
Full Name of Individual (Last, First, Middle II MYERS, STEPHEN, , , Mailing Address 12413 LICK RUN RD	nitial) or Full Organiz	zation Name	Date of Receipt			
Maining Address 12413 LICK RUN RD			11 10 2021			
City	1	Zip Code	Transaction ID : SA11AI-26416831			
NEWCOMERSTOWN	OH	43832	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		35.00			
Name of Employer (for Individual) Retired	Occupation Retired	on (for Individual)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	-to-Date ▼ 220.00				
Full Name of Individual (Last, First, Middle III). MYERS, STEPHEN, , ,	nitial) or Full Organia	zation Name	Date of Receipt			
Mailing Address 12413 LICK RUN RD			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City NEWCOMERSTOWN	State Z	Zip Code 43832	Transaction ID : SA11AI-26417125			
	011	7002	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		30.00			
Name of Employer (for Individual) Retired	Occupatio Retired	on (for Individual)	Memo Item			
Receipt For:	Aggregate Year-	to-Date ▼				
Primary General Other (specify)		220.00				
SUBTOTAL of Receipts This Page (optional)			100.00			
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle II NATHAN, BARBARA, , , Mailing Address 350 DEMOTT LN	nitial) or Full Organization N	ame	Date of Receipt			
APT 202			07 15 2021			
City	State Zip Code)	Transaction ID : SA11AI-26346111			
SOMERSET	NJ 08873		Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	y III					
Name of Employer (for Individual) Retired	Occupation (for Ir Retired	ndividual)	Memo Item			
Receipt For: Primary General Other (specify) ▼	255.00					
Full Name of Individual (Last, First, Middle II 3. NATHAN, BARBARA, , ,	nitial) or Full Organization N	ame	Date of Receipt			
Mailing Address 350 DEMOTT LN APT 202 City	State Zip Code		12 30 2021			
SOMERSET	NJ 08873		Transaction ID : SA11Al-26388921 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		100.00			
Name of Employer (for Individual) Retired	Occupation (for In Retired	ndividual)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	255.00				
Full Name of Individual (Last, First, Middle In NEWTON, GEORGE, , ,	nitial) or Full Organization N	ame	Date of Receipt			
Mailing Address 42 BLACKBERRY LN			12 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code VT 05356		Transaction ID : SA11AI-26387101			
WEST DOVER	VT 05356		Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		250.00			
Name of Employer (for Individual) Best Efforts	Occupation (for Ir Best Efforts	ndividual)	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	250.00				
SUBTOTAL of Receipts This Page (optional)		·····	385.00			
TOTAL This Period (last page this line numbe	r only)					

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle NGUYEN, THUY, , , Mailing Address 8325 W SAHARA AVE	Initial) or Full Organization Name	Date of Receipt
APT 2072		09 30 2021
City	State Zip Code	Transaction ID : SA11AI-26366755
LAS VEGAS	NV 89117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle NGUYEN, THANH THUY, , , Mailing Address 3823 RAINIER AVE S	Initial) or Full Organization Name	Date of Receipt
SOZS KANIEK AVE O		10 14 2021
City	State Zip Code	Transaction ID : SA11AI-26369921
SEATTLE	WA 98118	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name of Individual (Last, First, Middle OAS, RICHARD, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 106 10TH ST NE APT 124		08 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City AUBURN	State Zip Code WA 98002	Transaction ID : SA11Al-26390021
	90002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify)	Aggregate Year-to-Date ¥	
SUBTOTAL of Receipts This Page (optional).		475.00
TOTAL This Period (last page this line number	er only)	

FC	R LINE	NUMBER	PAGE	1	41 OF	;	317	
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	Statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle Ir OCONNOR, JUDITH, , , , Mailing Address 3321	nitial) or Full Organization Name	Date of Receipt
STEEPLE HL		07 23 2021
City	State Zip Code	Transaction ID : SA11AI-26395603
SAINT CHARLES	MO 63301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name of Individual (Last, First, Middle Ir OCONNOR, JUDITH, , ,	l nitial) or Full Organization Name	Date of Receipt
Mailing Address 3321		M M / D D / Y Y Y Y Y
STEEPLE HL City	State Zip Code	08 06 2021
SAINT CHARLES	MO 63301	Transaction ID : SA11AI-26397869 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name of Individual (Last, First, Middle Ir OCONNOR, JUDITH, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 3321		08 13 2021
STEEPLE HL City	State Zip Code	Transaction ID : SA11AI-26399361
SAINT CHARLES	MO 63301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	270.00	
SUBTOTAL of Receipts This Page (optional)	•	100.00
TOTAL This Period (last page this line number	only)	

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	Statements may not be sold or used by any persone name and address of any political committee to							
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC							
OCONNOR, JUDITH, , ,	ull Name of Individual (Last, First, Middle Initial) or Full Organization Name OCONNOR, JUDITH, , ,							
Mailing Address 3321 STEEPLE HL	09 15 2021							
City	State Zip Code	Transaction ID : SA11AI-26406075						
SAINT CHARLES	MO 63301	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	25.00						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
Retired	Retired	_						
Receipt For:	Aggregate Year-to-Date ▼	1						
Primary General								
Other (specify) ▼	270.00							
Full Name of Individual (Last, First, Middle In OCONNOR, JUDITH, , ,	nitial) or Full Organization Name	Date of Receipt						
Mailing Address 3321		M = M / D = D / Y = Y = Y						
STEEPLE HL	State 7:- 01-	10 26 2021						
City	State Zip Code	Transaction ID : SA11AI-26413951						
SAINT CHARLES	MO 63301	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	35.00						
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼	270.00							
Full Name of Individual (Last, First, Middle In OLIVER, PAUL, , ,	nitial) or Full Organization Name	Date of Receipt						
Mailing Address 71192 DUNDEE ST		09 08 2021						
City	State Zip Code	Transaction ID : SA11AI-26404733						
ABITA SPRINGS	LA 70420	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	15.00						
Name of Employer (for Individual) Retired								
Receipt For:	Aggregate Year-to-Date ▼	1						
Primary General	00 0							
Other (specify)	255.00							
SUBTOTAL of Receipts This Page (optional)		75.00						
TOTAL This Period (last page this line number	r only)							

FOR LINE NUMBER:				PAGE	1	43 OF	=	317			
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Any information copied from such Reports and or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE P	PAC					
Full Name of Individual (Last, First, Middle Ir OLIVER, PAUL, , , Mailing Address 71192 DUNDEE ST	nitial) or Full Orga	nization Name	Date of Receipt				
		T	11 03 2021				
City ABITA SPRINGS	State LA	Zip Code 70420	Transaction ID : SA11AI-26415473				
		10720	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ÿ (
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 255.00					
Full Name of Individual (Last, First, Middle In OLIVER, PAUL, , , Mailing Address 71192 DUNDEE ST	nitial) or Full Orga	nnization Name	Date of Receipt				
City	State	Zip Code	11 05 2021				
ABITA SPRINGS	LA	70420	Transaction ID : SA11AI-26415893 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		25.00				
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 255.00					
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Orga	ınization Name	Date of Receipt				
Mailing Address 71192 DUNDEE ST			11 12 / 2021				
City ABITA SPRINGS	State LA	Zip Code 70420	Transaction ID : SA11AI-26417257				
FEC ID number of contributing		10720	Amount of Each Receipt this Period				
federal political committee.	C		15.00				
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 255.00					
SUBTOTAL of Receipts This Page (optional)		>	65.00				
TOTAL This Period (last page this line number	r only)						

FOR LINE NUMBER:					PAGE	1	44 OF	: ;	317	
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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PA	AC	
Full Name of Individual (Last, First, Middle I PANNABECKER, BETTY, , ,	Date of Receipt		
Mailing Address 16623 N WEST POINT PKV APT 227	07 12 2021		
City		Zip Code	Transaction ID : SA11AI-26393169
SURPRISE	AZ	85374	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Retired	Occupati Retired	on (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year	225.00 225.00	
Full Name of Individual (Last, First, Middle I PANNABECKER, BETTY, , ,		ization Name	Date of Receipt
Mailing Address 16623 N WEST POINT PKV APT 227		7in Codo	07 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SURPRISE	State AZ	Zip Code 85374	Transaction ID : SA11AI-26395055 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Retired	Occupati Retired	on (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year	225.00 225.00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Organ	ization Name	Date of Receipt
Mailing Address 16623 N WEST POINT PKW APT 227 City		Zip Code	07 21 2021
SURPRISE	AZ	85374	Transaction ID : SA11AI-26395099 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Retired	Occupati Retired	on (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year	r-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (optional)			150.00
TOTAL This Period (last page this line number	er only)		

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Any information copied from such Reports and or for commercial purposes, other than using t							
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC					
Full Name of Individual (Last, First, Middle PATRIARCA, ANTHONY, , , Mailing Address 6 8TH AVE	Initial) or Full Orga	nization Name	Date of Receipt				
City	State	Zip Code	10 28 2021				
SEASIDE HEIGHTS	NJ	08751	Transaction ID : SA11AI-26374293 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		100.00				
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00					
Full Name of Individual (Last, First, Middle PATRIARCA, ANTHONY, , , Mailing Address 6 8TH AVE	Initial) or Full Orga	nization Name	Date of Receipt				
City	State NJ	Zip Code	Transaction ID : SA11AI-26381701				
SEASIDE HEIGHTS FEC ID number of contributing federal political committee.	C	08751	Amount of Each Receipt this Period 50.00				
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00					
Full Name of Individual (Last, First, Middle PATTON, LOWELL, , ,	Initial) or Full Orga	nization Name	Date of Receipt				
Mailing Address 7855 BOULEVARD E APT 9I	Ctota	7in Codo	10 28 2021				
City NORTH BERGEN	State NJ	Zip Code 07047	Transaction ID : SA11AI-26373865 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		50.00				
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 220.00					
SUBTOTAL of Receipts This Page (optional).		>	200.00				
TOTAL This Period (last page this line number	er only)						

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		person for the purpose of soliciting contributions tee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	I ALLIANCE PAC							
Full Name of Individual (Last, First, Middle PATTON, LOWELL, , , Mailing Address 7855 BOULEVARD E	e Initial) or Full Organization Name	Date of Receipt						
APT 9I	APT 9I							
City								
NORTH BERGEN	NJ 07047	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	50.00						
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item						
Receipt For: Primary General Other (specify) ▼								
Full Name of Individual (Last, First, Middle PATTON, LOWELL, , ,	Date of Receipt							
Mailing Address 7855 BOULEVARD E APT 9I City	12 02 2021							
NORTH BERGEN	State Zip Code NJ 07047	Transaction ID : SA11AI-26420501 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	70.00						
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00							
Full Name of Individual (Last, First, Middle PEERS, MICHAEL, , ,	e Initial) or Full Organization Name	Date of Receipt						
Mailing Address 100 SETTLERS ROW N		12 06 7 2021						
City PONTE VEDRA BEACH	State Zip Code FL 32082	Transaction ID : SA11AI-26421117 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	500.00						
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 560.00							
SUBTOTAL of Receipts This Page (optional)	620.00						
TOTAL This Period (last page this line num	ber only)							

FOR LINE NUMBER:						PAGE	1	47 OI	F	317	
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	y information copied from such Reports and Sta for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANC	E PAC				
Α.	Full Name of Individual (Last, First, Middle Initial PEERS, MICHAEL, , ,	al) or Full	Organization Name	Date of Receipt			
	Mailing Address 100 SETTLERS ROW N			12 13 2021			
	City	State	Zip Code	Transaction ID : SA11AI-26422317			
	PONTE VEDRA BEACH	FL	32082	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		60.00			
	Name of Employer (for Individual) Retired	cupation (for Individual) etired	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date ▼ 560.00				
В.	Full Name of Individual (Last, First, Middle Initial PHILLIPS, BETTY, , ,	Date of Receipt					
	Mailing Address 108 N 8TH AVE	07 08 2021					
	City	State	Zip Code	Transaction ID : SA11AI-26343253			
	MAYODAN	NC	27027	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		20.00			
	Name of Employer (for Individual) Retired		ecupation (for Individual) etired	Memo Item			
	Receipt For:	Aggregat	e Year-to-Date ▼				
	Primary General Other (specify) ▼	Primary General					
С .	Full Name of Individual (Last, First, Middle Initial PHILLIPS, BETTY, , ,	al) or Full	Organization Name	Date of Receipt			
	Mailing Address 108 N 8TH AVE			07 08 2021			
	City	State NC	Zip Code	Transaction ID : SA11AI-26343809			
	MAYODAN	INC	27027	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		15.00			
	Name of Employer (for Individual) Retired		cupation (for Individual)	Memo Item			
	Receipt For:	Aggregat	e Year-to-Date ▼				
	Primary General Other (specify)	Primary General					
H	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			95.00			

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		person for the purpose of soliciting contributions ee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC				
Full Name of Individual (Last, First, Middle PHILLIPS, BETTY, , , Mailing Address 108 N 8TH AVE	Initial) or Full Organization Name	Date of Receipt			
		07 29 2021			
City	State Zip Code	Transaction ID : SA11AI-26349995			
MAYODAN	/ODAN NC 27027				
FEC ID number of contributing federal political committee.	C	15.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For: Primary General Other (specify) ▼					
Full Name of Individual (Last, First, Middle PHILLIPS, BETTY, , , Mailing Address 108 N 8TH AVE	Initial) or Full Organization Name	Date of Receipt			
Mailing Address 108 N 81H AVE	08 26 2021				
City	State Zip Code	Transaction ID : SA11AI-26355967			
MAYODAN	NC 27027	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	20.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00				
Full Name of Individual (Last, First, Middle PHILLIPS, BETTY, , ,	Initial) or Full Organization Name	Date of Receipt			
Mailing Address 108 N 8TH AVE		12 14 2021			
City MAYODAN	State Zip Code NC 27027	Transaction ID : SA11AI-26422479			
		Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	200.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For: Primary General					
Other (specify)	330.00				
SUBTOTAL of Receipts This Page (optional)		235.00			
TOTAL This Period (last page this line numb	er only)				

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or for commercial purposes,	other than using the nar				for the purpose of soliciting contributions licit contributions from such committee.		
NAME OF COMMITTEE (I	,	IANCE PA	AC				
Other (specify) ▼	uting dividual) Aneral		Date of Receipt 12 30 2021 Transaction ID: SA11Al-26388659 Amount of Each Receipt this Period 20.00 Memo Item				
Other (specify) ▼	uting dividual) Aneral		Date of Receipt M M M / 16 2021 Transaction ID : SA11Al-26394115 Amount of Each Receipt this Period 35.00 Memo Item				
Full Name of Individual (L. POTTS, WILLIAM, Mailing Address 1550 E R APT 234 City TUCSON FEC ID number of contributed committee. Name of Employer (for Inc. Retired Receipt For: Primary Gerother (specify)	IVER RD uting dividual)	State AZ	Zip Code 85718 on (for Individual)	00	Date of Receipt M M M		
SUBTOTAL of Receipts This	s Page (optional)			······ >	90.00		
TOTAL This Period (last page	ge this line number only	·)					

FOR LINE NUMBER:						PAGE	1	50 OF		317
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	Statements may not be sold or used by any perse e name and address of any political committee to							
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC							
Full Name of Individual (Last, First, Middle In POTTS, WILLIAM, , ,	itial) or Full Organization Name	Date of Receipt						
Mailing Address 1550 E RIVER RD APT 234								
City	State Zip Code	Transaction ID : SA11AI-26409263						
TUCSON	AZ 85718	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	50.00						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
Retired	Retired	_						
Receipt For: Primary General	Aggregate Year-to-Date ▼							
Other (specify) ▼	280.00							
Full Name of Individual (Last, First, Middle In POTTS, WILLIAM, , ,	Date of Receipt							
Mailing Address 1550 E RIVER RD APT 234	10 11 2021							
City	State Zip Code	Transaction ID : SA11AI-26411031						
TUCSON	AZ 85718	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	40.00						
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00							
Full Name of Individual (Last, First, Middle In	itial) or Full Organization Name	Date of Receipt						
Mailing Address 1550 E RIVER RD APT 234		10 26 2021						
City	State Zip Code	Transaction ID : SA11AI-26413845						
TUCSON	AZ 85718	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	40.00						
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item						
Receipt For:								
Primary General Other (specify)	280.00							
SUBTOTAL of Receipts This Page (optional)		130.00						
TOTAL This Period (last page this line number	only)							

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.											
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC									
Α.	Full Name of Individual (Last, First, Middle Initial POWERS, DENNIS, , , Mailing Address 5420 W INTERURBAN BLVD	al) or Full Org	ganization Name	Date of Receipt								
				11 02 2021								
	City BOTHELL	State WA	Zip Code 98012	Transaction ID : SA11AI-26415253								
		VVA	96012	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	50.00										
	Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) ed	Memo Item								
	Receipt For: Primary General Other (specify) ▼											
В.	Full Name of Individual (Last, First, Middle Initial POWERS, DENNIS, , ,	al) or Full Org	ganization Name	Date of Receipt								
	Mailing Address 5420 W INTERURBAN BLVD	To	le: a	11 18 2021								
	City BOTHELL	State	Zip Code 98012	Transaction ID : SA11AI-26379897								
	FEC ID number of contributing federal political committee.	C	90012	Amount of Each Receipt this Period 100.00								
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual) ed	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.00									
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia	al) or Full Org	ganization Name	Date of Receipt								
	Mailing Address 867 S HANSON DR			08 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	City WATSEKA	State IL	Zip Code 60970	Transaction ID : SA11AI-26401013 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		50.00								
	Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) d	Memo Item								
	Receipt For: Primary General											
	Primary General Other (specify)		250.00									
H	SUBTOTAL of Receipts This Page (optional)			200.00								

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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC	
Full Name of Individual (Last, First, Middle I REDMAN, MARY, , , Mailing Address 867 S HANSON DR	Initial) or Full Orga	nization Name	Date of Receipt
maining readress 607 6 TIANGON BIX			09 08 2021
City	State	Zip Code	Transaction ID : SA11AI-26404501
WATSEKA	IL	60970	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle I REVERE, HENRY, , ,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 43 RED WING LN			07 22 2021
City WARSAW	State VA	Zip Code 22572	Transaction ID : SA11Al-26395323
FEC ID number of contributing federal political committee.	С	22012	Amount of Each Receipt this Period
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 370.00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 43 RED WING LN			11 05 / Y = Y = Y = Y
City WARSAW	State VA	Zip Code 22572	Transaction ID : SA11AI-26416103
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 60.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 370.00	
SUBTOTAL of Receipts This Page (optional)		·····	260.00
TOTAL This Period (last page this line number	er only)		

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	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle I REVERE, HENRY, , , Mailing Address 43 RED WING LN City WARSAW FEC ID number of contributing federal political committee.	Date of Receipt 11	
Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 370.00	Memo Item
Full Name of Individual (Last, First, Middle I RICE, CAROL, , , Mailing Address 9 CHESTER ST City WORCESTER FEC ID number of contributing	State Zip Code MA 01605	Date of Receipt 09 03 2021 Transaction ID: SA11Al-26403899 Amount of Each Receipt this Period
federal political committee. Name of Employer (for Individual) Retired Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 430.00	Memo Item
Full Name of Individual (Last, First, Middle I RICE, CAROL, , , Mailing Address 9 CHESTER ST City WORCESTER FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	nitial) or Full Organization Name State	Date of Receipt 10 19 2021 Transaction ID: SA11AI-26412857 Amount of Each Receipt this Period 25.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	>	170.00
TOTAL This Period (last page this line numbe	er only)	

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AI	LIANCE I	PAC					
Α.	Full Name of Individual (Last, First, Middle Initial RICE, CAROL, , , Mailing Address 9 CHESTER ST	al) or Full Org	anization Name	Date of Receipt				
	City	State	Zip Code	10 29 2021 Transaction ID : SA11AI-26414743				
	WORCESTER FEC ID number of contributing federal political committee.	number of contributing						
	Name of Employer (for Individual) Retired Receipt For: Primary General	Retired Retired Receipt For: Aggregate Year-to-Date ▼						
	Other (specify)		430.00					
В.	Full Name of Individual (Last, First, Middle Initial RICE, CAROL, , , Mailing Address 9 CHESTER ST	al) or Full Org	anization Name	Date of Receipt 12 08 2021				
	City	State	Zip Code	Transaction ID : SA11AI-26421511				
	WORCESTER FEC ID number of contributing federal political committee.	С	01605	Amount of Each Receipt this Period 40.00				
	Name of Employer (for Individual) Retired	Occup Retire	eation (for Individual)	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 430.00					
С .	Full Name of Individual (Last, First, Middle Initi	al) or Full Org	anization Name	Date of Receipt				
	Mailing Address 9 CHESTER ST			12 21 2021				
	City WORCESTER	State MA	Zip Code 01605	Transaction ID : SA11AI-26424295 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		105.00				
	Name of Employer (for Individual) Retired	Occup Retired	ation (for Individual) d	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 430.00					
S	SUBTOTAL of Receipts This Page (optional)		·····	195.00				
1	OTAL This Period (last page this line number of	only)	>					

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		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle RICE, CAROL, , , Mailing Address 9 CHESTER ST	Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	12 26 2021
WORCESTER	MA 01605	Transaction ID : SA11AI-26425087
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 75.00	
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	
Full Name of Individual (Last, First, Middle RICE, CAROL, , , Mailing Address 9 CHESTER ST	Initial) or Full Organization Name	Date of Receipt 12 26 2021
City	State Zip Code	Transaction ID : SA11AI-26425093
WORCESTER	MA 01605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	
Full Name of Individual (Last, First, Middle ROESCH, WILLIAM, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 11 NORTHWAY CT		07
City ANDERSON	State Zip Code IN 46011	Transaction ID : SA11AI-26395067
FEC ID number of contributing federal political committee.	C 40011	Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional).		200.00
TOTAL This Period (last page this line number	er only)	

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				n for the purpose of soliciting contributions solicit contributions from such committee.
\	COMMITTEE (In Full) D WOMEN'S HEALTH ALL	JANCE P	AC	
ROESC	e of Individual (Last, First, Middle Initial) H, WILLIAM, , , Idress 11 NORTHWAY CT	or Full Orgar	nization Name	Date of Receipt 12 14 2021
federal po	ON umber of contributing litical committee. Employer (for Individual)	Transaction ID : SA11AI-26422727 Amount of Each Receipt this Period 300.00 Memo Item		
	ary General er (specify) ▼	Retired Aggregate Yea	400.00	
Mailing Ac City JACKSON	of Individual (Last, First, Middle Initial) RS, EUGENIA, , , Idress 12339 TIGER CREEK LN IVILLE umber of contributing	Zip Code 32225	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of I Retired		Occupat Retired Aggregate Yea	tion (for Individual) ur-to-Date ▼ 225.00	Memo Item
City JACKSON FEC ID not federal po Name of E Retired Receipt Fo	umber of contributing litical committee. Employer (for Individual) or:	State FL	Zip Code 32225 ion (for Individual)	Date of Receipt M M M / D D / 2021 Transaction ID : SA11Al-26359577 Amount of Each Receipt this Period 25.00 Memo Item
SUBTOTAL	of Receipts This Page (optional)		<u> </u>	350.00
TOTAL This	Period (last page this line number onl	y)		

FOR LINE NUMBER: PAGE 157 OF 317 Use separate schedule(s) for each category of the Detailed Summary Page

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANC	E PAC	
Α.	Full Name of Individual (Last, First, Middle Initial ROGERS, EUGENIA, , ,	al) or Full	Organization Name	Date of Receipt
	Mailing Address 12339 TIGER CREEK LN			09 23 2021
	City	Transaction ID : SA11AI-26364317		
	JACKSONVILLE	FL	32225	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	25.00		
	Name of Employer (for Individual) Retired		cupation (for Individual) tired	Memo Item
	Receipt For: Primary General Other (specify) ▼			
В.	Full Name of Individual (Last, First, Middle Initial ROGERS, EUGENIA, , ,	Date of Receipt		
	Mailing Address 12339 TIGER CREEK LN	10 14 2021		
	City	State	Zip Code	Transaction ID : SA11AI-26368989
	JACKSONVILLE	FL	32225	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) Retired		cupation (for Individual) etired	Memo Item
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	225.00		
<u>с.</u>	Full Name of Individual (Last, First, Middle Initial ROSE, GERALD, , ,	al) or Full	Organization Name	Date of Receipt
	Mailing Address 792 SALEM ST			08 13 2021
	City GROVELAND	State MA	Zip Code 01834	Transaction ID : SA11AI-26399487 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) Retired		cupation (for Individual)	Memo Item
	Receipt For:	e Year-to-Date ▼		
	Primary General Other (specify)	Aggregati	345.00	
H	SUBTOTAL of Receipts This Page (optional)			75.00

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		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC				
Full Name of Individual (Last, First, Middle Ir ROSE, GERALD, , , Mailing Address 792 SALEM ST	nitial) or Full Organization Name	Date of Receipt			
		11 17 2021			
CROVELAND	State Zip Code MA 01834	Transaction ID : SA11AI-26417911			
GROVELAND	MA 01834	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	ů – – – – – – – – – – – – – – – – – – –				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For: Primary General Other (specify) ▼	Receipt For: Primary General Aggregate Year-to-Date ▼				
Full Name of Individual (Last, First, Middle Ir ROSE, GERALD, , , Mailing Address 792 SALEM ST	Date of Receipt				
		11 19 2021			
City GROVELAND	State Zip Code MA 01834	Transaction ID : SA11Al-26418365			
FEC ID number of contributing federal political committee.	C 01834	Amount of Each Receipt this Period 40.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00				
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 792 SALEM ST		12 17 2021			
City GROVELAND	State Zip Code MA 01834	Transaction ID : SA11AI-26423223			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 40.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 345.00				
SUBTOTAL of Receipts This Page (optional)		120.00			
TOTAL This Period (last page this line number	· only)				

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Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ROSS, THURMAN, , , Date of Receipt Mailing Address 3710 CATALPA ST 2021 City Zip Code State Transaction ID: SA11AI-26391383 IN **EAST CHICAGO** 46312 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ROSS, THURMAN, , , Date of Receipt Mailing Address 3710 CATALPA ST 10 14 2021 City State Zip Code Transaction ID: SA11AI-26412047 **EAST CHICAGO** IN 46312 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ROSS, THURMAN, , , Date of Receipt Mailing Address 3710 CATALPA ST 09 2021 City Zip Code State Transaction ID: SA11AI-26416493 IN **EAST CHICAGO** 46312 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify)

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ROSS, THURMAN, , , Date of Receipt Mailing Address 3710 CATALPA ST 2021 City Zip Code State Transaction ID: SA11AI-26425013 IN **EAST CHICAGO** 46312 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ROSS, THURMAN, , , Date of Receipt Mailing Address 3710 CATALPA ST 2021 City State Zip Code Transaction ID: SA11AI-26425085 **EAST CHICAGO** IN 46312 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ROSS, THURMAN, , , Date of Receipt Mailing Address 3710 CATALPA ST 26 2021 City Zip Code State Transaction ID: SA11AI-26425115 IN **EAST CHICAGO** 46312 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) 140.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Report for commercial purposes, other than	rts and Statements may not be sold or used by any per- using the name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEA	LTH ALLIANCE PAC	
Full Name of Individual (Last, First, M. RUST, JOSEPH, , , , Mailing Address 1614 GOLF COURS	Middle Initial) or Full Organization Name	Date of Receipt
APT 245		07 09 2021
City	State Zip Code	Transaction ID : SA11AI-26392897
GRAND RAPIDS	MN 55744	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
B. RUST, JOSEPH, , ,	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 1614 GOLF COURS APT 245 City	E RD State Zip Code	09 19 2021
GRAND RAPIDS	MN 55744	Transaction ID : SA11AI-26406855 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
Full Name of Individual (Last, First, N. RUST, JOSEPH, , ,	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 1614 GOLF COURS APT 245		09 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City GRAND RAPIDS	State Zip Code MN 55744	Transaction ID : SA11AI-26407293 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 255.00	
SUBTOTAL of Receipts This Page (op	tional)	75.00
TOTAL This Period (last page this line	number only)	

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Any information copied from such Reports and solve for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle In RUST, JOSEPH, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 1614 GOLF COURSE RD APT 245		09 24 2021
City	State Zip Code	Transaction ID : SA11AI-26407969
GRAND RAPIDS	MN 55744	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	99.09	
Other (specify) ▼	255.00	
Full Name of Individual (Last, First, Middle In RUST, JOSEPH, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 1614 GOLF COURSE RD		M = M / D = D / Y = Y = Y
APT 245 City	State Zip Code	11 03 2021
GRAND RAPIDS	MN 55744	Transaction ID : SA11AI-26415523
GRAND RAPIDS	33744	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	255.00	
Full Name of Individual (Last, First, Middle In	itial) or Full Organization Name	Date of Receipt
Mailing Address 1614 GOLF COURSE RD		M = M / D = D / Y = Y = Y
APT 245		12 17 2021
City	State Zip Code	Transaction ID : SA11AI-26423377
GRAND RAPIDS	MN 55744	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	255.00	
SUBTOTAL of Receipts This Page (optional)		110.00
TOTAL This Period (last page this line number	only)	7 7 7

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		any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle I SABATO, STEPHEN, , , Mailing Address 1400 HIGH ST	nitial) or Full Organization Name	Date of Receipt
City	State Zip Code	09 09 2021
BURLINGTON	NJ 08016	Transaction ID : SA11AI-26359501 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.0	00
Full Name of Individual (Last, First, Middle I SABATO, STEPHEN, , , Mailing Address 1400 HIGH ST	Date of Receipt	
		09 23 2021
City BURLINGTON	State Zip Code 08016	Transaction ID : SA11Al-26364155 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00
Full Name of Individual (Last, First, Middle I SABATO, STEPHEN, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1400 HIGH ST		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BURLINGTON	State Zip Code NJ 08016	Transaction ID : SA11AI-26366265 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 255.	00
SUBTOTAL of Receipts This Page (optional)		135.00
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	tatements may not be sold or used by any personance and address of any political committee to					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC					
Full Name of Individual (Last, First, Middle Ini SABATO, STEPHEN, , ,	tial) or Full Organization Name	Date of Receipt				
Mailing Address 1400 HIGH ST		10 28 2021				
City	State Zip Code	Transaction ID : SA11AI-26373277				
BURLINGTON	NJ 08016	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Best Efforts	Best Efforts	_				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	00 0					
Other (specify) ▼	255.00					
Full Name of Individual (Last, First, Middle Ini SABATO, STEPHEN, , ,	tial) or Full Organization Name	Date of Receipt				
Mailing Address 1400 HIGH ST		11 04 2021				
City	Transaction ID : SA11Al-26375983					
BURLINGTON	NJ 08016	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00					
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt				
Mailing Address 1400 HIGH ST		11 04 2021				
City	State Zip Code	Transaction ID : SA11AI-26376047				
BURLINGTON	NJ 08016	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	255.00					
SUBTOTAL of Receipts This Page (optional)		120.00				
TOTAL This Period (last page this line number	only)					

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or	for commercial purposes, other than using the n	ame and address of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALI	LIANCE PAC	
Α.	Primary General Other (specify) ▼	State Zip Code CA 92324 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼	Date of Receipt 07 30 2021 Transaction ID: SA11AI-26396839 Amount of Each Receipt this Period 35.00 Memo Item
3.	Primary General Other (specify) ▼	State Zip Code NV 89048 C Occupation (for Individual) Retired Aggregate Year-to-Date 255.00	Date of Receipt M M C O1 2021 Transaction ID: SA11Al-26391493 Amount of Each Receipt this Period 35.00 Memo Item
3.	Full Name of Individual (Last, First, Middle Initial SCHARF, RICHARD, , ,) Mailing Address 3521 E VINEYARD DR N City PAHRUMP FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code NV 89048 C Occupation (for Individual) Retired Aggregate Year-to-Date 255.00	Date of Receipt M M M / D D / 2021 Transaction ID: SA11Al-26398651 Amount of Each Receipt this Period 35.00 Memo Item
	UBTOTAL of Receipts This Page (optional)	<u>-</u> _	105.00
Т	OTAL This Period (last page this line number on	ly)	

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC					
Α.	Full Name of Individual (Last, First, Middle Initial SCHARF, RICHARD, , , Mailing Address 3521 E VINEYARD DR N	al) or Full Org	ganization Name	Date of Receipt				
	Walling Address 3521 E VINETARD DR N			08 18 2021				
	City	State	Zip Code	Transaction ID : SA11AI-26400223				
	PAHRUMP	NV	89048	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		30.00				
	Name of Employer (for Individual) Retired	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 255.00					
В.	Full Name of Individual (Last, First, Middle Initial SCHARF, RICHARD, , ,	al) or Full Org	ganization Name	Date of Receipt				
	Mailing Address 3521 E VINEYARD DR N	10 07 2021						
	City PAHRUMP	State NV	Zip Code 89048	Transaction ID : SA11AI-26368213 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С	000.0	35.00				
	Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) ed	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Receipt For: Aggregate Year-to-Date ▼ Primary General						
С .	Full Name of Individual (Last, First, Middle Initial SCHARF, RICHARD, , ,	Date of Receipt						
	Mailing Address 3521 E VINEYARD DR N		Lan.	11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City PAHRUMP	State NV	Zip Code 89048	Transaction ID : SA11AI-26415401 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		70.00				
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual)	Memo Item				
	Receipt For: Primary General	Aggregate Y	ear-to-Date ▼					
	Primary General Other (specify)							
H	SUBTOTAL of Receipts This Page (optional)			135.00				

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	ny information copied from such Reports and Stator commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC				
Α.	 	al) or Full Org	ganization Name	Date of Receipt			
	Mailing Address 3521 E VINEYARD DR N			11 15 2021			
	City	State	Zip Code	Transaction ID : SA11AI-26417385			
	PAHRUMP	NV	89048	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		25.00			
	Name of Employer (for Individual) Retired	Memo Item					
	Receipt For: Primary General Other (specify) ▼						
В.	Full Name of Individual (Last, First, Middle Initial SCHARF, RICHARD, , ,	ganization Name	Date of Receipt				
	Mailing Address 3521 E VINEYARD DR N	11 16 2021					
	City PAHRUMP	State NV	Zip Code 89048	Transaction ID : SA11AI-26417717 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	number of contributing					
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual)	Memo Item			
	Receipt For: Primary General Other (specify) ▼						
С .	Full Name of Individual (Last, First, Middle Initial SCHAUFFERT, KATHLEEN, , ,	Date of Receipt					
	Mailing Address 519 WINSTON CT			07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City BENICIA	State CA	Zip Code 94510	Transaction ID : SA11AI-26341285 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		35.00			
	Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) d	Memo Item			
	Receipt For: Primary General	Aggregate Y	ear-to-Date ▼				
	Other (specify)		225.00				
H	SUBTOTAL of Receipts This Page (optional)			85.00			

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	ny information copied from such Reports and Stator commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE I	PAC	
Α.	Full Name of Individual (Last, First, Middle Initial SCHAUFFERT, KATHLEEN, , , Mailing Address 519 WINSTON CT	al) or Full Org	anization Name	Date of Receipt
				08 26 2021
	City BENICIA	State CA	Zip Code 94510	Transaction ID : SA11AI-26357115
		- OA	94510	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		35.00
	Name of Employer (for Individual) Retired	Memo Item		
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 225.00	
В.	Full Name of Individual (Last, First, Middle Initial SCHAUFFERT, KATHLEEN, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 519 WINSTON CT	09 09 / 2021		
	City BENICIA	State	Zip Code 94510	Transaction ID : SA11Al-26360873
	FEC ID number of contributing federal political committee.	С	34310	Amount of Each Receipt this Period 35.00
	Name of Employer (for Individual) Retired	ation (for Individual) d	Memo Item	
	Receipt For: Primary General Other (specify) ▼	ear-to-Date ▼ 225.00		
С .	Full Name of Individual (Last, First, Middle Initial SCHAUFFERT, KATHLEEN, , ,	Date of Receipt		
	Mailing Address 519 WINSTON CT			10 14 2021
	City BENICIA	State CA	Zip Code 94510	Transaction ID : SA11AI-26369613 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer (for Individual) Retired	Occup: Retired	ation (for Individual) d	Memo Item
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼	
	Other (specify)		225.00	
H	SUBTOTAL of Receipts This Page (optional)			90.00

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		y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle SCHAUFFERT, KATHLEEN, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 519 WINSTON CT		12 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-26383237
BENICIA	CA 94510	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225	.00
Full Name of Individual (Last, First, Middle SCHAUFFERT, KATHLEEN, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 519 WINSTON CT	17: 0 1	12 23 2021
City BENICIA	State Zip Code CA 94510	Transaction ID : SA11AI-26386963
	94310	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	225	5.00
Full Name of Individual (Last, First, Middle C. SCHLEIN, PHILIP, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1661 PINE ST APT 723		08
City SAN FRANCISCO	State Zip Code CA 94109	Transaction ID : SA11AI-26351439
FEC ID number of contributing		Amount of Each Receipt this Period 20.00
federal political committee.	C	
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	220	0.00
SUBTOTAL of Receipts This Page (optional).		70.00
TOTAL This Period (last page this line number	er only)	

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name SCHLEIN, PHILIP, , , Date of Receipt Mailing Address 1661 PINE ST **APT 723** 09 2021 City Zip Code State Transaction ID: SA11AI-26360421 SAN FRANCISCO CA 94109 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. SCHLEIN, PHILIP, , , Date of Receipt Mailing Address 1661 PINE ST 2021 **APT 723** City State Zip Code Transaction ID: SA11AI-26363435 SAN FRANCISCO CA 94109 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. SELBERG, ROBERT, , , Date of Receipt Mailing Address PO BOX 5404 29 2021 City Zip Code State Transaction ID: SA11AI-26396723 CA PALM SPRINGS 92263 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 175.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle SHEA, EDWARD, , , Mailing Address 81 LIBERTY RD	Initial) or Full Organization Name	Date of Receipt
APT 59		07 29 2021
City	State Zip Code	Transaction ID : SA11AI-26349081
OAKDALE	CT 06370	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name of Individual (Last, First, Middle SHEA, EDWARD, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 81 LIBERTY RD APT 59 City	09 02 7 2021	
OAKDALE	State Zip Code CT 06370	Transaction ID : SA11AI-26357967 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name of Individual (Last, First, Middle SHEA, EDWARD, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 81 LIBERTY RD APT 59		09
City OAKDALE	State Zip Code CT 06370	Transaction ID : SA11AI-26358265 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line numb	per only)	

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	ny information copied from such Reports and Stator commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC	
Α.	Full Name of Individual (Last, First, Middle Initial SHEA, EDWARD, , ,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 81 LIBERTY RD			M = M / D = D / Y = Y = Y
	APT 59 City	State	Zip Code	09 02 2021
	OAKDALE	CT	06370	Transaction ID : SA11AI-26358683
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 25.00
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual) ed	Memo Item
	Receipt For: Primary General Other (specify) ▼			
В.	Full Name of Individual (Last, First, Middle Initial SMITH, MARY, , ,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 1285 TURNER CHURCH RD			07 15 2021
	City	State	Zip Code	Transaction ID : SA11AI-26345831
	MCDONOUGH	GA	30252	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) ed	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 215.00	
С .	Full Name of Individual (Last, First, Middle Initial SMITH, MARY, , ,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 1285 TURNER CHURCH RD			07
	City MCDONOUGH	State GA	Zip Code 30252	Transaction ID : SA11AI-26348853 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) d	Memo Item
	Receipt For:	Aggregate Y	ear-to-Date ▼	
	Primary General Other (specify)		215.00	
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	65.00

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Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions at the solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P.	AC	
Full Name of Individual (Last, First, Middle SMITH, MATTHEW, , , Mailing Address 11 MOONACHIE RD	Initial) or Full Orgar	nization Name	Date of Receipt
APT B12			10 22 2021
City	State	Zip Code	Transaction ID : SA11AI-26413459
HACKENSACK	NJ	07601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer (for Individual) Retired	Memo Item		
Receipt For: Primary General Other (specify) ▼			
Full Name of Individual (Last, First, Middle SMITH, MARY, , , Mailing Address 1285 TURNER CHURCH F		nization Name	Date of Receipt
C'h.	Otata	Zin Code	10 26 2021
City MCDONOUGH	State	Zip Code 30252	Transaction ID: SA11AI-26413873
FEC ID number of contributing federal political committee.	C	00202	Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 215.00	
Full Name of Individual (Last, First, Middle SMITH, MATTHEW, , ,	Initial) or Full Organ	nization Name	Date of Receipt
Mailing Address 11 MOONACHIE RD APT B12	Otest	7:- Oada	11 03 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City HACKENSACK	State NJ	Zip Code 07601	Transaction ID : SA11AI-26415359 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		15.00
Name of Employer (for Individual) Retired	Occupat Retired	ion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ur-to-Date ▼ 260.00	
SUBTOTAL of Receipts This Page (optional)			80.00
TOTAL This Period (last page this line numb	per only)		

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	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE I	PAC	
Α.	Full Name of Individual (Last, First, Middle Initi SMITH, MARY, , , Mailing Address 1285 TURNER CHURCH RD	al) or Full Org	anization Name	Date of Receipt
	City	State	Zip Code	11 11 2021 Transaction ID : SA11AI-26376819
	MCDONOUGH	GA	30252	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) Retired	Memo Item		
	Receipt For: Primary General Other (specify) ▼			
В.	Full Name of Individual (Last, First, Middle Initi SMITH, MATTHEW, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 11 MOONACHIE RD APT B12			12 10 2021
	City	State	Zip Code	Transaction ID : SA11AI-26421961
	HACKENSACK	NJ	07601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 260.00	
С .	Full Name of Individual (Last, First, Middle Initi SMITH, MATTHEW, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 11 MOONACHIE RD APT B12	State	7:n Code	12 17 2021
	City HACKENSACK	NJ	Zip Code 07601	Transaction ID : SA11AI-26423029 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		110.00
	Name of Employer (for Individual) Retired	Occup Retired	ation (for Individual)	Memo Item
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼	
	Other (specify)		260.00	
s	UBTOTAL of Receipts This Page (optional)		·····	220.00
Т	OTAL This Period (last page this line number of	only)		

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC						
Full Name of Individual (Last, First, Middle I SMITH, MARY, , , Mailing Address 1285 TURNER CHURCH R		ization Name	Date of Receipt					
Mailing Address 1200 TORNER CHURCH K	D		12 23 2021					
City		Zip Code	Transaction ID : SA11AI-26387429					
MCDONOUGH	GA	30252	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		75.00					
Name of Employer (for Individual) Retired	Occupati Retired	on (for Individual)	Memo Item					
Receipt For: Primary General Other (specify) ▼	Receipt For: Primary General Aggregate Year-to-Date ▼							
Full Name of Individual (Last, First, Middle I S. SMITH, MATTHEW, , ,	Initial) or Full Organ	ization Name	Date of Receipt					
Mailing Address 11 MOONACHIE RD APT B12 City	State	Zip Code	12 30 7 2021					
HACKENSACK	NJ	07601	Transaction ID : SA11AI-26388925 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		60.00					
Name of Employer (for Individual) Retired	Occupati Retired	on (for Individual)	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 260.00						
Full Name of Individual (Last, First, Middle I	Initial) or Full Organ	ization Name	Date of Receipt					
Mailing Address 937 E PARK AVE APT 225			07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City COLUMBIANA	State OH	Zip Code 44408	Transaction ID : SA11AI-26391261 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		35.00					
Name of Employer (for Individual) Retired	Occupation Retired	on (for Individual)	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year	-to-Date ▼ 445.00						
SUBTOTAL of Receipts This Page (optional)		>	170.00					
TOTAL This Period (last page this line number	er only)							

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle STRATIGOS, PATRICIA, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 937 E PARK AVE APT 225		07 22 2021
City	State Zip Code	Transaction ID: SA11AI-26346815
COLUMBIANA	OH 44408	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼]
Primary General		
Other (specify) ▼	445.00	
Full Name of Individual (Last, First, Middle STRATIGOS, PATRICIA, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 937 E PARK AVE		M = M / D = D / Y = Y = Y
APT 225	State 7th Code	09 12 2021
COLUMBIANA	State Zip Code OH 44408	Transaction ID : SA11AI-26405437
COLUMBIANA	OH 44408	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼]
Primary General Other (specify) ▼	445.00	
Full Name of Individual (Last, First, Middle STRATIGOS, PATRICIA, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 937 E PARK AVE APT 225		09 23 2021
City	State Zip Code	Transaction ID : SA11AI-26407859
COLUMBIANA	OH 44408	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	445.00	
SUBTOTAL of Receipts This Page (optional).		105.00
TOTAL This Period (last page this line numb	er only)	4 4

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle II STRATIGOS, PATRICIA, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 937 E PARK AVE APT 225		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-26366167
COLUMBIANA	OH 44408	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	445.00	
Full Name of Individual (Last, First, Middle In STRATIGOS, PATRICIA, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 937 E PARK AVE		M = M / D = D / Y = Y = Y = Y
APT 225	State 7in Code	11 04 2021
COLUMBIANA	State Zip Code OH 44408	Transaction ID : SA11AI-26415889
COLUMBIANA	OH 44408	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	445.00	
Full Name of Individual (Last, First, Middle In STRATIGOS, PATRICIA, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 937 E PARK AVE APT 225		12 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI-26425293
COLUMBIANA	OH 44408	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	445.00	
SUBTOTAL of Receipts This Page (optional)	>	270.00
TOTAL This Period (last page this line numbe	er only)	

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC				
Full Name of Individual (Last, First, Middle SUNDSTROM, MAE, , ,	lame	Date of Receipt			
Mailing Address 20 W CHESTNUT AVE APT 409	07 19 2021				
City	State Zip Code	е	Transaction ID : SA11AI-26394583		
MERCHANTVILLE	NJ 08109		Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.					
Name of Employer (for Individual) Retired	Retired Retired				
Full Name of Individual (Last, First, Middle SUNDSTROM, MAE, , ,	Initial) or Full Organization N	lame	Date of Receipt		
APT 409 City					
MERCHANTVILLE	NJ 08109		Transaction ID: SA11AI-26402065 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	ÿ				
Name of Employer (for Individual) Retired	Occupation (for In	ndividual)	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	220.00			
Full Name of Individual (Last, First, Middle SUNDSTROM, MAE, , ,	Initial) or Full Organization N	lame	Date of Receipt		
Mailing Address 20 W CHESTNUT AVE APT 409 City	Chata Tip Cod		08 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
MERCHANTVILLE	State Zip Code 08109	_	Transaction ID : SA11AI-26402627 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		20.00		
Name of Employer (for Individual) Retired	Occupation (for In	ndividual)	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	220.00			
SUBTOTAL of Receipts This Page (optional).		>	80.00		
TOTAL This Period (last page this line number	er only)				

FOR LINE NUMBER:				PAGE	1	79 OF	: ;	317			
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	d Statements may not be sold or used by any pe the name and address of any political committee					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle SUNDSTROM, MAE, , ,	Date of Receipt					
Mailing Address 20 W CHESTNUT AVE APT 409	09 13 2021					
City						
MERCHANTVILLE	NJ 08109	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer (for Individual) Retired						
Receipt For: Primary General Other (specify) ▼	Primary General Aggregate Year-to-Date Y					
Full Name of Individual (Last, First, Middle SUNDSTROM, MAE, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 20 W CHESTNUT AVE APT 409 City						
MERCHANTVILLE	NJ 08109	Transaction ID: SA11AI-26423467 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	D number of contributing					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220,00					
Full Name of Individual (Last, First, Middle SUNDSTROM, MAE, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 20 W CHESTNUT AVE APT 409 City	Chate Tip Code	12 28 2021				
MERCHANTVILLE	State Zip Code NJ 08109	Transaction ID : SA11AI-26425819 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	65.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 220.00					
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	140.00				
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC						
Full Name of Individual (Last, First, Middle Init TABOR, STEPHEN, , , Mailing Address 4301 FORDER GARDENS PL	Date of Receipt						
APT G	08 11 2021						
City	State Zip Code	Transaction ID: SA11AI-26398787					
SAINT LOUIS	MO 63129	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer (for Individual)	Memo Item						
Retired	Retired						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00						
_	, ,						
Full Name of Individual (Last, First, Middle Init	,	Date of Receipt					
Mailing Address 4301 FORDER GARDENS PL		09 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
APT G City	State Zip Code	Transaction ID : SA11AI-26404237					
SAINT LOUIS							
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 35.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210,00						
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt					
Mailing Address 4301 FORDER GARDENS PL APT G City	10 01 2021 Transaction ID : SA11Al-26409581						
SAINT LOUIS	State Zip Code 63129	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	50.00						
Name of Employer (for Individual) Retired	Memo Item						
Receipt For:	eipt For: Primary						
SUBTOTAL of Receipts This Page (optional)		185.00					
TOTAL This Period (last page this line number	only)						

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AI	LIANCE	PAC	
Α.		ial) or Full Org	anization Name	Date of Receipt
	Mailing Address 2825 VIA CARMEN			07 22 2021
	City SAN JOSE	State CA	Zip Code 95124	Transaction ID : SA11AI-26346323
	FEC ID number of contributing federal political committee.	C	30124	Amount of Each Receipt this Period 250.00
	Name of Employer (for Individual) Best Efforts	Occup Best E	ation (for Individual) Efforts	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 250.00	
В.	Full Name of Individual (Last, First, Middle Initi THOMAS, DALE, , ,	ial) or Full Org	anization Name	Date of Receipt
	Mailing Address 1854 BARTON ST			08 02 2021
	City REDWOOD CITY	State CA	Zip Code 94061	Transaction ID : SA11AI-26397259
	FEC ID number of contributing federal political committee.	C	34001	Amount of Each Receipt this Period 100.00
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 300.00	
С .	Full Name of Individual (Last, First, Middle Initi	ial) or Full Org	anization Name	Date of Receipt
	Mailing Address 1413 VILLAGE DR APT 9	State	7in Code	07 13 2021
	City ARLINGTON HEIGHTS	IL	Zip Code 60004	Transaction ID : SA11AI-26393521 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate Yo	ear-to-Date ▼ 240.00	
S	SUBTOTAL of Receipts This Page (optional)		·····	370.00
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Init THOMPSON, HOWARD, , , , Mailing Address 1413 VILLAGE DR APT 9 City ARLINGTON HEIGHTS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) Other (specify)	State Zip Code IL 60004 C Occupation (for Individual) Retired Aggregate Year-to-Date 240.00	Date of Receipt 07 28 2021 Transaction ID: SA11AI-26396367 Amount of Each Receipt this Period 15.00 Memo Item
Full Name of Individual (Last, First, Middle Ini THOMPSON, HOWARD, , , Mailing Address 1413 VILLAGE DR APT 9 City ARLINGTON HEIGHTS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) Other (specify)	State Zip Code IL 60004 C Occupation (for Individual) Retired Aggregate Year-to-Date 240.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle Ini THOMPSON, HOWARD, , , , Mailing Address 1413 VILLAGE DR APT 9 City ARLINGTON HEIGHTS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code IL 60004 C Occupation (for Individual) Retired Aggregate Year-to-Date 240.00	Date of Receipt 10 11 2021 Transaction ID: SA11AI-26411203 Amount of Each Receipt this Period 15.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	<u> </u>	45.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC				
Full Name of Individual (Last, First, Middle I THOMPSON, HOWARD, , , Mailing Address 1413 VILLAGE DR	nitial) or Full Orga	nization Name	Date of Receipt			
APT 9			10 14 2021			
City	State	Zip Code	Transaction ID : SA11AI-26411973			
ARLINGTON HEIGHTS	IL	60004	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	g and a second s					
Name of Employer (for Individual) Retired						
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 240.00				
Full Name of Individual (Last, First, Middle I THOMPSON, HOWARD, , ,	nitial) or Full Orga	nization Name	Date of Receipt			
Mailing Address 1413 VILLAGE DR APT 9 City	State	Zip Code	10 26 2021			
ARLINGTON HEIGHTS	IL	60004	Transaction ID : SA11AI-26413983 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		20.00			
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 240.00				
Full Name of Individual (Last, First, Middle I THOMPSON, HOWARD, , ,	nitial) or Full Orga	nization Name	Date of Receipt			
Mailing Address 1413 VILLAGE DR APT 9	101-1-	7. 0.4	10 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City ARLINGTON HEIGHTS	State IL	Zip Code 60004	Transaction ID : SA11AI-26414129 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		15.00			
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 240.00				
SUBTOTAL of Receipts This Page (optional)		>	55.00			
TOTAL This Period (last page this line numbe	r only)					

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle I THOMPSON, HOWARD, , , Mailing Address 1413 VILLAGE DR	nitial) or Full Orga	anization Name	Date of Receipt
APT 9			11 15 2021
City	State	Zip Code	Transaction ID : SA11AI-26417389
ARLINGTON HEIGHTS	IL	60004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle I THOMPSON, HOWARD, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 1413 VILLAGE DR APT 9 City	State	Zip Code	11 29 2021
ARLINGTON HEIGHTS	IL	60004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle I THOMPSON, HOWARD, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 1413 VILLAGE DR APT 9			12 11 2021
City ARLINGTON HEIGHTS	State IL	Zip Code 60004	Transaction ID : SA11AI-26422065
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional)		>	60.00
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle I THOMPSON, HOWARD, , , Mailing Address 1413 VILLAGE DR	Initial) or Full Orga	nization Name	Date of Receipt
APT 9			12 20 2021
City	State	Zip Code	Transaction ID : SA11AI-26423775
ARLINGTON HEIGHTS	IL	60004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer (for Individual) Retired	Occupa Retired	ition (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle I THOREN, PAUL, , , Mailing Address 40 IRVING AVE	Initial) or Full Orga	nization Name	Date of Receipt
APT 906			08 07 2021
City	State	Zip Code	Transaction ID : SA11AI-26398063
EAST PROVIDENCE	RI	02914	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 255.00	
Full Name of Individual (Last, First, Middle I THOREN, PAUL, , ,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 40 IRVING AVE APT 906 City	State	Zip Code	08 07 2021 Transaction ID : SA11Al-26398159
EAST PROVIDENCE	RI	02914	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 255.00	
SUBTOTAL of Receipts This Page (optional)		>	65.00
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PA	С						
Full Name of Individual (Last, First, Middle In THOREN, PAUL, , , Mailing Address 40 IRVING AVE	nitial) or Full Organiz	ation Name	Date of Receipt					
APT 906			09 14 2021					
City								
EAST PROVIDENCE	RI	02914	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	25.00							
Name of Employer (for Individual) Retired								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	o-Date ▼ 255.00						
Full Name of Individual (Last, First, Middle Ir THOREN, PAUL, , ,	nitial) or Full Organiz	ation Name	Date of Receipt					
Mailing Address 40 IRVING AVE APT 906 City	State Z	ip Code	11 09 2021					
EAST PROVIDENCE		02914	Transaction ID : SA11AI-26416617 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		35.00					
Name of Employer (for Individual) Retired	Occupation Retired	n (for Individual)	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	o-Date ▼ 255.00						
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organiz	ation Name	Date of Receipt					
Mailing Address 40 IRVING AVE APT 906			11 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City EAST PROVIDENCE		ip Code 02914	Transaction ID : SA11AI-26417405					
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 35.00					
Name of Employer (for Individual) Retired	Occupation Retired	n (for Individual)	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-t	o-Date ▼ 255.00						
SUBTOTAL of Receipts This Page (optional)		•	95.00					
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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	E PAC	
Α.		al) or Full C	Organization Name	Date of Receipt
	Mailing Address 40 IRVING AVE APT 906			12 01 2021
	City	State	Zip Code	Transaction ID : SA11AI-26420259
	EAST PROVIDENCE	RI	02914	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		35.00
	Name of Employer (for Individual) Retired		upation (for Individual) ired	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	
В.	Full Name of Individual (Last, First, Middle Initia THOREN, PAUL, , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 40 IRVING AVE APT 906	0	7. 0.4	12 27 2021
	City EAST PROVIDENCE	State	Zip Code 02914	Transaction ID : SA11AI-26425571
	FEC ID number of contributing federal political committee.	С	02314	Amount of Each Receipt this Period 45.00
	Name of Employer (for Individual) Retired		cupation (for Individual) tired	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	33 13	255.00	
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 3556 SPUR CT			08 12 2021
	City CHINO	State CA	Zip Code 91710	Transaction ID : SA11AI-26399225 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		45.00
	Name of Employer (for Individual)	Occ Reti	upation (for Individual)	Memo Item
	Receipt For:			
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			125.00

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC		
Α.	Full Name of Individual (Last, First, Middle Initial TRIMBUR, NANCY, , ,	al) or Full Org	ganization Name	Date of Receipt	
	Mailing Address 3556 SPUR CT			09 07 2021	
	City CHINO	State CA	Zip Code 91710	Transaction ID : SA11AI-26404379	
	FEC ID number of contributing federal political committee.	C	91710	Amount of Each Receipt this Period 50.00	
		10	and an included the state of th	Mama Itam	
	Name of Employer (for Individual) Retired	Retire	pation (for Individual) ed	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Primary General Aggregate real-to-Date V			
В.	Full Name of Individual (Last, First, Middle Initia TRIMBUR, NANCY, , ,	al) or Full Orç	ganization Name	Date of Receipt	
	Mailing Address 3556 SPUR CT	12 20 2021			
	City	State	Zip Code	Transaction ID : SA11AI-26423773	
	CHINO	CA	91710	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		55.00	
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual) ed	Memo Item	
	Receipt For: Primary General	Aggregate Y	'ear-to-Date ▼		
	Other (specify) ▼		260.00		
<u> </u>	Full Name of Individual (Last, First, Middle Initial TRIMBUR, NANCY, , ,	al) or Full Org	ganization Name	Date of Receipt	
	Mailing Address 3556 SPUR CT			12 20 / Y Y Y Y Y Y	
	City CHINO	State CA	Zip Code 91710	Transaction ID : SA11AI-26423931	
		O/ C	91710	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		55.00	
	Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) ed	Memo Item	
	Receipt For:	Aggregate Y	'ear-to-Date ▼		
	Primary General Other (specify)		260.00		
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			160.00	

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE I	PAC		
Α.		al) or Full Org	anization Name	Date of Receipt	
	Mailing Address 3556 SPUR CT			12 27 2021	
	City CHINO	State CA	Zip Code 91710	Transaction ID : SA11AI-26425565	
	FEC ID number of contributing federal political committee.	С	91/10	Amount of Each Receipt this Period 55.00	
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Primary General Aggregate real-to-Date V			
В.	Full Name of Individual (Last, First, Middle Initi TURNER, EUGENE, , ,	al) or Full Org	anization Name	Date of Receipt	
	Mailing Address 201 CHANDLER ST APT 803 City	08 07 2021			
	CAPE CANAVERAL	State FL	Zip Code 32920	Transaction ID: SA11AI-26397967 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		50.00	
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) ed	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 280,00		
С .	Full Name of Individual (Last, First, Middle Initi	al) or Full Org	anization Name	Date of Receipt	
	Mailing Address 6702 S 33RD ST			08 17 2021	
	City OMAHA	State NE	Zip Code 68107	Transaction ID : SA11AI-26399839 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		35.00	
	Name of Employer (for Individual) Retired	Occup Retired	ation (for Individual) d	Memo Item	
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 235.00		
H	SUBTOTAL of Receipts This Page (optional)			140.00	

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle I TURNER, EUGENE, , ,	nitial) or Full Orgai	nization Name	Date of Receipt
Mailing Address 201 CHANDLER ST APT 803			09 07 2021
City	State	Zip Code	Transaction ID : SA11AI-26404071
CAPE CANAVERAL	FL	32920	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Retired	tion (for Individual)	Memo Item	
Receipt For: Primary General Other (specify) ▼	ar-to-Date ▼ 280.00		
Full Name of Individual (Last, First, Middle I TURNER, RAE, , , Mailing Address 6702 S 33RD ST	nitial) or Full Orga	nization Name	Date of Receipt
			10 05 2021
City	State	Zip Code	Transaction ID : SA11AI-26410123
ОМАНА	NE	68107	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General	Aggregate Yea	ar-to-Date ▼	
Other (specify) ▼	4	235.00	
Full Name of Individual (Last, First, Middle I TURNER, EUGENE, , ,	nitial) or Full Orgai	nization Name	Date of Receipt
Mailing Address 201 CHANDLER ST APT 803	04-4-	Zin Code	11 05 2021
City CAPE CANAVERAL	State FL	Zip Code 32920	Transaction ID : SA11AI-26416037 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify)		280.00	
SUBTOTAL of Receipts This Page (optional)		>	275.00
TOTAL This Period (last page this line numbe	r only)		

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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle In TURNER, EUGENE, , , Mailing Address 201 CHANDLER ST	nitial) or Full Orga	anization Name	Date of Receipt
APT 803			11 12 2021
City	State	Zip Code	Transaction ID : SA11AI-26417129
CAPE CANAVERAL	FL	32920	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 280.00	
Full Name of Individual (Last, First, Middle In TURNER, EUGENE, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 201 CHANDLER ST APT 803 City	State	Zip Code	12 21 2021
CAPE CANAVERAL	FL	32920	Transaction ID : SA11AI-26424279 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		105.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 280.00	
Full Name of Individual (Last, First, Middle In TYHURST, JAMES, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address PO BOX 1056			09 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MCCLOUD	State CA	Zip Code 96057	Transaction ID : SA11AI-26403541
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 245.00	
SUBTOTAL of Receipts This Page (optional)		>	170.00
TOTAL This Period (last page this line number	r only)		

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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle I TYHURST, JAMES, , , Mailing Address PO BOX 1056	nitial) or Full Orgar	nization Name	Date of Receipt
0''	0	7. 0. 1	10 08 2021
City MCCLOUD	State CA	Zip Code 96057	Transaction ID : SA11AI-26410819
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 35.00
Name of Employer (for Individual) Retired Receipt For:	Memo Item		
Primary General Other (specify) ▼	Aggregate Yea	245.00	
Full Name of Individual (Last, First, Middle I TYHURST, JAMES, , , Mailing Address PO BOX 1056	nitial) or Full Orgar	nization Name	Date of Receipt
Otto	01-1-	7: 0 1 -	10 08 2021
City MCCLOUD	State	Zip Code 96057	Transaction ID : SA11AI-26410863 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30007	35.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 245.00	
Full Name of Individual (Last, First, Middle I TYHURST, JAMES, , ,	nitial) or Full Orgar	nization Name	Date of Receipt
Mailing Address PO BOX 1056	0	7in Oada	12 03 Y 2021
City MCCLOUD	State CA	Zip Code 96057	Transaction ID : SA11AI-26420887 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer (for Individual) Retired	Occupat Retired	ion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ur-to-Date ▼ 245.00	
SUBTOTAL of Receipts This Page (optional)		>	130.00
TOTAL This Period (last page this line numbe	er only)		

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	I Statements may not be sold or used by any petthe name and address of any political committee						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC						
Full Name of Individual (Last, First, Middle TYLER, PAULA, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 1 SMETON PL		07 15 2021					
APT 1407 City	State Zip Code	Transaction ID : SA11AI-26346105					
TOWSON	MD 21204	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	100.00						
Name of Employer (for Individual) Retired	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00						
Full Name of Individual (Last, First, Middle 3. TYLER, PAULA, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 1 SMETON PL APT 1407 City	State Zip Code	09 16 2021 Transaction ID : SA11Al-26362439					
TOWSON							
FEC ID number of contributing federal political committee.	, and the second						
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify) ▼							
Full Name of Individual (Last, First, Middle UTENDORFER, JUDY, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 7220 YORK AVE S APT 217 City	State Zip Code	09 03 2021					
MINNEAPOLIS	MN 55435	Transaction ID : SA11AI-26403785 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	35.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify)	255.00						
SUBTOTAL of Receipts This Page (optional).	·····	235.00					
TOTAL This Period (last page this line number	er only)						

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	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini UTENDORFER, JUDY, , , Mailing Address 7220 YORK AVE S	itial) or Full Organization Name	Date of Receipt
APT 217		09 23 2021
City	State Zip Code	Transaction ID : SA11AI-26407877
MINNEAPOLIS	MN 55435	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt
Mailing Address 7220 YORK AVE S		10 04 2021
APT 217 City	State Zip Code	Transaction ID : SA11AI-26409665
MINNEAPOLIS	MN 55435	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt
Mailing Address 4172 SANDGATE CT		07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CINCINNATI	State Zip Code OH 45241	Transaction ID : SA11AI-26341351 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)	•	135.00
TOTAL This Period (last page this line number	only)	

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC	
Α.	Full Name of Individual (Last, First, Middle Initial VOELKEL, BARB, , , Mailing Address 4172 SANDGATE CT	al) or Full Org	panization Name	Date of Receipt
				10 14 2021
	City	State	Zip Code	Transaction ID : SA11AI-26370591
	CINCINNATI	ОН	45241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) ed	Memo Item
	Receipt For: Primary General Other (specify) ▼			
В.	Full Name of Individual (Last, First, Middle Initial VOELKEL, BARB, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 4172 SANDGATE CT	1	I	11 18 2021
	City	State OH	Zip Code 45241	Transaction ID: SA11AI-26379941
	FEC ID number of contributing federal political committee.	C	10241	Amount of Each Receipt this Period 50.00
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	ear-to-Date ▼ 250.00		
С .	Full Name of Individual (Last, First, Middle Initia	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 4172 SANDGATE CT			11 18 2021
	City CINCINNATI	State OH	Zip Code 45241	Transaction ID : SA11AI-26380615 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual)	Memo Item
	Receipt For: Primary General	Aggregate Y	ear-to-Date ▼	
	Primary General Other (specify)		250.00	
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	200.00

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	statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini WARD, RONALD, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 1316 FENWICK LN APT 1204		07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-26393277
SILVER SPRING	MD 20910	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	_	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	330.00	
Full Name of Individual (Last, First, Middle Ini WARD, BRANAN, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 581 GRIFFITH POINT RD		08 09 2021
City	State Zip Code	Transaction ID : SA11AI-26398337
NORDLAND	WA 98358	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization Name	Date of Receipt
Mailing Address 1316 FENWICK LN APT 1204		08 23 2021
City	State Zip Code	Transaction ID : SA11AI-26401305
SILVER SPRING	MD 20910	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	330.00	
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line number	only)	

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		any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle I WARD, RONALD, , , Mailing Address 1316 FENWICK LN	nitial) or Full Organization Name	Date of Receipt
APT 1204		09 24 2021
City	State Zip Code	Transaction ID : SA11AI-26408131
SILVER SPRING	MD 20910	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	00	
Full Name of Individual (Last, First, Middle I WARD, BRANAN, , , Mailing Address 581 GRIFFITH POINT RD	nitial) or Full Organization Name	Date of Receipt
	[a,	10 21 2021
City	State Zip Code	Transaction ID : SA11AI-26413187
NORDLAND	WA 98358	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.	00
Full Name of Individual (Last, First, Middle I WARD, BRANAN, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 581 GRIFFITH POINT RD		11 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-26417375
NORDLAND	WA 98358	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General	Aggregate Year-to-Date ▼	00
Other (specify)	320.	00
SUBTOTAL of Receipts This Page (optional)		185.00
TOTAL This Period (last page this line number	er only)	

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EMIZED RECEIPTS	for each category of the Detailed Summary Page	(cne	11a 13	11b 14		11c 15		12 16		17
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Ar or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name WARD, BRANAN, , , Date of Receipt Mailing Address 581 GRIFFITH POINT RD 19 2021 City Zip Code State Transaction ID: SA11AI-26418453 **NORDLAND** WA 98358 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WARD, RONALD, , , Date of Receipt Mailing Address 1316 FENWICK LN APT 1204 2021 City State Zip Code Transaction ID: SA11AI-26424875 SILVER SPRING MD 20910 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 330.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. WARD, RONALD, , , Date of Receipt Mailing Address 1316 FENWICK LN 2021 **APT 1204** City State Zip Code Transaction ID: SA11AI-26425509 MD SILVER SPRING 20910 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) 170.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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	statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization Name	Date of Receipt
Mailing Address 1316 FENWICK LN APT 1204		12 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-26426369
SILVER SPRING	MD 20910	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	330.00	
Full Name of Individual (Last, First, Middle Ini WEAVER, JOSEPH, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 5022 SKIPPING STONE DR		07 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-26391599
INDIANAPOLIS	IN 46237	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization Name	Date of Receipt
Mailing Address 5022 SKIPPING STONE DR		07 22 2021
City	State Zip Code	Transaction ID : SA11AI-26395471
INDIANAPOLIS	IN 46237	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	215.00	
SUBTOTAL of Receipts This Page (optional)		65.00
TOTAL This Period (last page this line number	only)	

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE I	PAC	
Α.	Full Name of Individual (Last, First, Middle Initial WEAVER, JOSEPH, , , Mailing Address 5022 SKIPPING STONE DR	al) or Full Org	anization Name	Date of Receipt
	O'th.	01-1-	75- Onda	09 24 2021
	City INDIANAPOLIS	State IN	Zip Code 46237	Transaction ID : SA11AI-26408217
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 215.00	
В.	Full Name of Individual (Last, First, Middle Initial WEAVER, JOSEPH, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 5022 SKIPPING STONE DR	11 01 2021		
	City INDIANAPOLIS	State	Zip Code 46237	Transaction ID : SA11AI-26414927 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10201	50.00
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item
	Receipt For: Primary General Other (specify) ▼			
С .	Full Name of Individual (Last, First, Middle Initial WEAVER, JOSEPH, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 5022 SKIPPING STONE DR		I management	11 08 2021
	City INDIANAPOLIS	State IN	Zip Code 46237	Transaction ID : SA11AI-26416313 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer (for Individual) Retired	Occup Retired	ation (for Individual) d	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 215.00	
H	SUBTOTAL of Receipts This Page (optional)			80.00

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC									
Α.	Full Name of Individual (Last, First, Middle Initi WEAVER, JOSEPH, , , Mailing Address 5022 SKIPPING STONE DR	al) or Full Org	anization Name	Date of Receipt								
	City	State	Zip Code	12 22 2021								
	INDIANAPOLIS	IN	46237	Transaction ID : SA11AI-26424563 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		10.00								
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 215.00									
В.	Full Name of Individual (Last, First, Middle Initi WENDT, JUDY, , ,	al) or Full Org	anization Name	Date of Receipt								
	Mailing Address 10400 45TH AVE N APT 305			07 14 2021								
	City	State	Zip Code	Transaction ID : SA11AI-26393663								
	MINNEAPOLIS	MN	55442	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		25.00								
	Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) ed	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 250.00									
-	Full Name of Individual (Last, First, Middle Initi WENDT, JUDY, , ,	al) or Full Org	anization Name	Date of Receipt								
	Mailing Address 10400 45TH AVE N APT 305 City	State	Zip Code	08 11 2021								
	MINNEAPOLIS	MN	55442	Transaction ID : SA11AI-26399001 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		25.00								
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item								
	Receipt For: Primary General Other (specify)											
H	SUBTOTAL of Receipts This Page (optional)			60.00								
Ι'	OTAL This Period (last page this line number of	n ny)										

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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle In WENDT, JUDY, , , Mailing Address 10400 45TH AVE N	nitial) or Full Orgar	nization Name	Date of Receipt
APT 305			08 12 2021
City	State	Zip Code	Transaction ID : SA11AI-26399163
MINNEAPOLIS	MN	55442	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ur-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle In WENDT, JUDY, , , Mailing Address 10400 45TH AVE N	nitial) or Full Orgar	nization Name	Date of Receipt
APT 305			08 16 2021
City	State	Zip Code	Transaction ID : SA11AI-26399801
MINNEAPOLIS	MN	55442	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ur-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle In WENDT, JUDY, , ,	nitial) or Full Orgar	nization Name	Date of Receipt
Mailing Address 10400 45TH AVE N APT 305			08 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MINNEAPOLIS	State MN	Zip Code 55442	Transaction ID : SA11Al-26400847
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Retired	Occupat Retired	ion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	tr-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		>	65.00
TOTAL This Period (last page this line numbe	r only)		

FOR LINE NUMBER: PAGE 203 OF 317 Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	,	
Full Name of Individual (Last, First, Middle Ir WHITAKER, DONALD, , , Mailing Address 1597 HARMONY RD	nitial) or Full Organizat	tion Name	Date of Receipt
			08 26 2021
City	'	Code	Transaction ID : SA11AI-26356301
AKRON	011 4	4333	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer (for Individual) Retired	Occupation Retired	(for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle Ir WHITAKER, DONALD, , ,	nitial) or Full Organizat	tion Name	Date of Receipt
Mailing Address 1597 HARMONY RD			08 26 2021
City		Code	Transaction ID : SA11AI-26357481
AKRON	OH 44	4333	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer (for Individual) Retired	Occupation Retired	(for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle Ir	<u> </u> nitial) or Full Organizat	tion Name	Date of Receipt
Mailing Address 1597 HARMONY RD			Date of Receipt M = M
City		Code	Transaction ID : SA11AI-26365727
AKRON	OH 44	4333	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer (for Individual) Retired	Occupation ((for Individual)	Memo Item
Receipt For: Primary General	Aggregate Year-to-	-Date ▼	
Other (specify)		240.00	
SUBTOTAL of Receipts This Page (optional)			105.00
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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC	
Α.	Full Name of Individual (Last, First, Middle Initi WHITAKER, DONALD, , ,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 1597 HARMONY RD			09 30 2021
	City	State	Zip Code	Transaction ID: SA11AI-26366309
	AKRON	ОН	44333	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		35.00
	Name of Employer (for Individual) Retired	Memo Item		
	Receipt For: Primary General Other (specify) ▼			
В.	Full Name of Individual (Last, First, Middle Initi WHITAKER, DONALD, , ,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 1597 HARMONY RD		Terror in	11 26 2021
	City	State	Zip Code	Transaction ID : SA11AI-26382039
	AKRON	OH	44333	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) Retired	Occu Retir	pation (for Individual) ed	Memo Item
	Receipt For:	Aggregate \	∕ear-to-Date ▼	
	Primary General Other (specify) ▼		, 240.00	
С .	Full Name of Individual (Last, First, Middle Initi WHITAKER, DONALD, , ,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 1597 HARMONY RD			12 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City AKRON	State OH	Zip Code 44333	Transaction ID : SA11AI-26382407
		011	44333	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual) ed	Memo Item
	Receipt For:	Aggregate \	/ear-to-Date ▼	7
	Primary General Other (specify)		240.00	
S	SUBTOTAL of Receipts This Page (optional)		>	135.00
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FOR LINE NUMBER: PAGE 205 OF 317 Use separate schedule(s) for each category of the Detailed Summary Page

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	Statements may not be sold or used by any pene name and address of any political committee				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC				
Full Name of Individual (Last, First, Middle In WHITCOMB, HALLIE, , , Mailing Address 607 HIGHLAND RD	nitial) or Full Organization Name	Date of Receipt			
City	State Zip Code	07 13 2021 Transaction ID : SA11Al-26393451			
SPRINGFIELD	VT 05156	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	Š				
Name of Employer (for Individual) Retired					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00				
Full Name of Individual (Last, First, Middle In WHITCOMB, HALLIE, , , Mailing Address 607 HIGHLAND RD	nitial) or Full Organization Name	Date of Receipt			
City	State Zip Code	10 13 2021			
SPRINGFIELD	VT 05156	Transaction ID : SA11AI-26411711 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	40.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00				
Full Name of Individual (Last, First, Middle In WHITCOMB, HALLIE, , ,	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 607 HIGHLAND RD		12 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City SPRINGFIELD	State Zip Code VT 05156	Transaction ID : SA11AI-26422991			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 55.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 235.00				
SUBTOTAL of Receipts This Page (optional)	•	145.00			
TOTAL This Period (last page this line numbe	r only)				

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pe ress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC		
Full Name of Individual (Last, First, Middle In WILEY, DAVID, , , Mailing Address 109 CLARENDON AVE	nitial) or Full Orga	anization Name	Date of Receipt	
City	State	Zip Code	10 28 2021	
NASHVILLE	TN	37205	Transaction ID : SA11AI-26414365 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.				
Name of Employer (for Individual) Best Efforts Receipt For:	Best E		Memo Item	
Primary General Other (specify) ▼	Aggregate Ye	250.00		
Full Name of Individual (Last, First, Middle In WILEY, DAVID, , , Mailing Address 109 CLARENDON AVE	nitial) or Full Orga	anization Name	Date of Receipt 11 04 2021	
City	State	Zip Code	 	
NASHVILLE	TN	37205	Transaction ID : SA11AI-26415809 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		100.00	
Name of Employer (for Individual) Best Efforts		ation (for Individual) / BROTHERS INK	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼		
Full Name of Individual (Last, First, Middle In WILEY, DAVID, , ,	nitial) or Full Orga	anization Name	Date of Receipt	
Mailing Address 109 CLARENDON AVE			11 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City NASHVILLE	State TN	Zip Code 37205	Transaction ID : SA11AI-26415989	
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period	
Name of Employer (for Individual) Best Efforts	Occupa Best Et	ation (for Individual) fforts	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional)		>	250.00	
TOTAL This Period (last page this line number	r only)			

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name WILLIAMS, RUSSELL, , , Date of Receipt Mailing Address 661 HAMILTON RD 19 2021 City Zip Code State Transaction ID: SA11AI-26354203 NC RUTHERFORDTON 28139 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WILLIAMS, RUSSELL, , , Date of Receipt Mailing Address 661 HAMILTON RD 2021 City State Zip Code Transaction ID: SA11AI-26358877 RUTHERFORDTON NC 28139 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 280.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. WILLIAMS, RUSSELL, , , Date of Receipt Mailing Address 661 HAMILTON RD 04 2021 City Zip Code State Transaction ID: SA11AI-26375175 NC RUTHERFORDTON 28139 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) 105.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In WILLIAMS, RUSSELL, , ,		Date of Receipt
Mailing Address 661 HAMILTON RD		12 02 2021
City	State Zip Code	Transaction ID : SA11Al-26383343
RUTHERFORDTON	NC 28139	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	280.00	
Full Name of Individual (Last, First, Middle Ir WILLIAMS, RUSSELL, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 661 HAMILTON RD		12 02 2021
City	State Zip Code	Transaction ID : SA11Al-26383637
RUTHERFORDTON	NC 28139	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
Full Name of Individual (Last, First, Middle In WILLIAMS, JAMES, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 4639 VESTA CT		12 22 2021
City	State Zip Code	Transaction ID : SA11AI-26424535
WICHITA	KS 67208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	276.00	
SUBTOTAL of Receipts This Page (optional)		110.00
TOTAL This Period (last page this line number	r only)	

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Any information copied from such Reports and or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE P	AC				
Full Name of Individual (Last, First, Middle Ir WINN, LINDA, , , Mailing Address 5708 REGENT CIR	nitial) or Full Orgar	nization Name	Date of Receipt			
City	State	Zip Code	11 23 2021 Transaction ID : SA11AI-26418931			
RICHMOND						
FEC ID number of contributing federal political committee.						
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 220.00				
Full Name of Individual (Last, First, Middle Ir WINN, LINDA, , , Mailing Address 5708 REGENT CIR	nitial) or Full Organ	nization Name	Date of Receipt			
City	State	Zip Code	11 30 2021			
RICHMOND	VA	23225	Transaction ID : SA11AI-26420059 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		35.00			
Name of Employer (for Individual) Retired	Occupati Retired	tion (for Individual)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ur-to-Date ▼ 220.00				
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organ	nization Name	Date of Receipt			
Mailing Address 330 GILL AVE	Otata	Zin Onda	07 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City KIRKWOOD	State MO	Zip Code 63122	Transaction ID : SA11AI-26391645 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		35.00			
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 270.00				
SUBTOTAL of Receipts This Page (optional)		>	130.00			
TOTAL This Period (last page this line number	only)					

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	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In WOOLF, GAYLE, , , Mailing Address 330 GILL AVE City KIRKWOOD FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary Other (specify)	State Zip Code MO 63122 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 270.00	Date of Receipt 08
Full Name of Individual (Last, First, Middle In WOOLF, GAYLE, , , Mailing Address 330 GILL AVE City KIRKWOOD FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code MO 63122 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 270.00	Date of Receipt 08 27 2021 Transaction ID: SA11Al-26402351 Amount of Each Receipt this Period 35.00 Memo Item
Full Name of Individual (Last, First, Middle In WOOLF, GAYLE, , , Mailing Address 330 GILL AVE City KIRKWOOD FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code 63122 C Occupation (for Individual) Retired Aggregate Year-to-Date 270.00	Date of Receipt 10
SUBTOTAL of Receipts This Page (optional)	>	105.00
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle WOOLF, GAYLE, , , Mailing Address 330 GILL AVE	Initial) or Full Organization Name	Date of Receipt				
City	State Zip Code	11 12 2021 Transaction ID : SA11Al-26417099				
KIRKWOOD	MO 63122	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	30.00				
Name of Employer (for Individual) Retired						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00					
Full Name of Individual (Last, First, Middle WOOLF, GAYLE, , , Mailing Address 330 GILL AVE	Initial) or Full Organization Name	Date of Receipt				
City	State Zip Code	11 17 2021 Transaction ID : SA11AI-26417995				
KIRKWOOD FEC ID number of contributing federal political committee.	MO 63122	Amount of Each Receipt this Period 40.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00					
Full Name of Individual (Last, First, Middle YEARWOOD, RICHARD, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 21 BROWNING AVE APT 2		07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City DORCHESTER	State Zip Code MA 02124	Transaction ID : SA11AI-26396589				
FEC ID number of contributing federal political committee.	C 02124	Amount of Each Receipt this Period				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 295.00					
SUBTOTAL of Receipts This Page (optional).		220.00				
TOTAL This Period (last page this line number	er only)					

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		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle YEARWOOD, RICHARD, , ,	Date of Receipt	
Mailing Address 21 BROWNING AVE		10 22 2021
APT 2 City	Transaction ID : SA11AI-26413547	
DORCHESTER	State Zip Code MA 02124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	
Full Name of Individual (Last, First, Middle YEARWOOD, RICHARD, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 21 BROWNING AVE APT 2 City	State Zip Code	11 16 2021
DORCHESTER	MA 02124	Transaction ID : SA11AI-26417757 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 295,00	
Full Name of Individual (Last, First, Middle COUNG, JEAN, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 840 SCHOOL RD		07 26 2021
City MCKINLEYVILLE	State Zip Code CA 95519	Transaction ID : SA11AI-26395871
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	220.00	
SUBTOTAL of Receipts This Page (optional).		95.00
TOTAL This Period (last page this line number	er only)	

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ZARNEKE, RICHARD, , , Date of Receipt Mailing Address 2084 TERRACE DR 2021 City Zip Code State Transaction ID: SA11AI-26395031 MN MOUNDS VIEW 55112 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ZARNEKE, RICHARD, , , Date of Receipt Mailing Address 2084 TERRACE DR 2021 City State Zip Code Transaction ID: SA11AI-26395875 MOUNDS VIEW MN 55112 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 540.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ZARNEKE, RICHARD, , , Date of Receipt Mailing Address 2084 TERRACE DR 16 2021 City Zip Code State Transaction ID: SA11AI-26406561 MN MOUNDS VIEW 55112 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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317 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ZARNEKE, RICHARD, , , Date of Receipt Mailing Address 2084 TERRACE DR 2021 City Zip Code State Transaction ID: SA11AI-26407465 MN MOUNDS VIEW 55112 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ZARNEKE, RICHARD, , , Date of Receipt Mailing Address 2084 TERRACE DR 2021 City State Zip Code Transaction ID: SA11AI-26408477 MOUNDS VIEW MN 55112 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 540.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ZARNEKE, RICHARD, , , Date of Receipt Mailing Address 2084 TERRACE DR 26 2021 City Zip Code State Transaction ID: SA11AI-26413871 MN MOUNDS VIEW 55112 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 90.00

SUBTOTAL of Receipts This Page (optional).....

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for each category of the 12 Detailed Summary Page

Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC		
Full Name of Individual (Last, First, Middle In ZARNEKE, RICHARD, , , Mailing Address 2084 TERRACE DR City MOUNDS VIEW	Date of Receipt 10 27 2021 Transaction ID : SA11AI-26414291		
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	MN 55112 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 540.00	Amount of Each Receipt this Period 30.00 Memo Item	
Full Name of Individual (Last, First, Middle In ZARNEKE, RICHARD, , , Mailing Address 2084 TERRACE DR City MOUNDS VIEW FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code MN 55112 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 540.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Full Name of Individual (Last, First, Middle In ZARNEKE, RICHARD, , , Mailing Address 2084 TERRACE DR City MOUNDS VIEW FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code 55112 C Occupation (for Individual) Retired Aggregate Year-to-Date 540.00	Date of Receipt 12 20 2021 Transaction ID: SA11AI-26423687 Amount of Each Receipt this Period 30.00 Memo Item	
SUBTOTAL of Receipts This Page (optional)		100.00	
TOTAL This Period (last page this line number	only)	33476.00	

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SCHEDULE B (FEC Form 3X)	llaa ass	noroto poli advila (-)	\ I -	IE NUMBER	l:	PAGE 216 OF 317		
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President	Other (specify)		Memo Item Orig invoice date: 2020-10-01
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Full Name (Last, First, Middle Initial) A. Blank Rome LLP			Date of Disbursement
Mailing Address 1825 Eye Street NW			10 19 2021
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Full Name (Last, First, Middle Initial) 3. Canva			Date of Disbursement
Mailing Address 268 Devonshire Street Surry Hills NSW 2010	S		09 / 01 / 2021
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Candidate Name		Category/ Type	Amount of Each Disbursement this Period
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Full Name (Last, First, Middle Initial) COA Network Inc.			Date of Disbursement
Mailing Address 991 Route 22 West Suite 200			07 23 7 2021
City Bridgewater Township Purpose of Disbursement 800 Telephone numbers	State Zip Code NJ 08807	003	FEC Identification Number
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	Candidate Name			003	Transaction ID : SB21B-54748											
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 264 OF 317
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SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) (check only			NUMBER: PAGE 267 OF 31 ly one)			
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALL	IANCE P	AC					
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		R LINE NUMBER: PAGE 268			
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UNITED WOMEN'S HEALTH ALLI	ANCE PAC					
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SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 269 OF FOR LINE NUMBER: (check only one)

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317

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Advance for various legal, administrative Mastroianni, Stephanie, , , Mailing Address 2021 L St NW Ste 101-193 State Zip Code Washington DC 20036 Transaction ID: SD-S471215 Outstanding Balance Beginning This Period 15156.87 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 13000.00 2920.07 763.20 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Telephone Fundraising LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City State Zip Code SAN JUAN 00909 Outstanding Balance Beginning This Period Transaction ID: SD-S633779 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 15163.68 15163.68 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 18083.75 1) SUBTOTALS This Period This Page (optional)..... 18083.75 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 18083.75

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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	FOR LINE 24 OF FORM 3X
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UNITED WOMEN'S HEALTH ALLIANCE PAC Check if _ 24-hour report	NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Check if	UNITED WOMEN'S HEALTH ALLIAN	CE PAC			
San Juan Payee Suite GM8 State Zip Code President X Senate State Tx					C C00/55694
LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 President Sanate	Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M M M / D D / Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave Sulte GMB City SAN JUAN PR 00909 Purpose of Expenditure Telephone Fundralising Category/ Type 004 Name of Federal Candidate:	Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	✗ Memo	Item	
Suris GM8 City SAN JUAN PR 00000 Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: CORNYN, JOHN, Sen, Calendar Year-To-Date Per Election for Office Sought Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address Suite GM8 City SAN JUAN PR 00000 Transaction ID : \$E-\$631994 Amount Disbursement For: Primary General Other (specify) Amount Transaction ID : \$E-\$631995 Transaction ID : \$E-\$631951 Amount Amount Transaction ID : \$E-\$631951 Other (specify) Transaction ID : \$E-\$631951 Transaction I	Invoice paid after close of books				
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CORNYN, JOHN., Sen, Calendar Year-To-Date Per Election for Office Sought Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: Tills, THOM, R., Sen, Calendar Year-To-Date Per Election for Office Sought Telephone Fundraising Name of Federal Candidate: Tills, THOM, R., Sen, Calendar Year-To-Date Per Election for Office Sought Tansaction ID: SE-S631951 Date of Disbursement or Obligation Tills, THOM, R., Sen, Calendar Year-To-Date Per Election for Office Sought Tansaction ID: SE-S631951 Date of Disbursement or Obligation Tills, THOM, R., Sen, Calendar Year-To-Date Per Election for Office Sought Tansaction ID: SE-S631951 Date of Disbursement or Obligation Tills, THOM, R., Sen, Calendar Year-To-Date Per Election for Office Sought Tansaction ID: SE-S631951 Date of Disbursement For: Tansaction ID: SE-S631951 D					•
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Per Election for Office Sought Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: Telephone Fundraising Transaction ID: SE-S631951 Date of Disbursement or Obligation Telephone Fundraising Transaction ID: SE-S631951 Date of Disbursement or Obligation Telephone Fundraising Transaction ID: SE-S631951 Date of Disbursement or Obligation Transaction ID: SE-S631951 Date of Disbursement or Obligation Transaction ID: SE-S631951 Date of Disbursement or Disbursement or Obligation Transaction ID: SE-S631951 Date of Disbursement or Obligation Transaction ID: SE-S631951 Date of Disbursement or Disbursement or Obligation Transaction ID: SE-S631951 Date of Disbursement or Disbursement or Disbursement or Obligation Transaction ID: SE-S631951 Date of Disbursement or	CORNYN, JOHN, , Sen,				TV
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LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: TILLIS, THOM, R., Sen, Oppose President Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE [Electronically Filed] Amount	7 67 2.000.011.01 0.000 0.000.01	7			Other (specify)
Suite GM8 City SAN JUAN PR 00909 Transaction ID: SE-8631951 Date of Disbursement or Obligation Name of Federal Candidate: TILLIS, THOM, R., Sen, Oppose Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought 12083.22 Disbursement For: (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. (Electronically Filed) Date Amount Pts 49.8.9 Transaction ID: SE-8631951 Date of Disbursement or Obligation Transaction ID: SE-8631951 Date of Disbursement Pobligation To Disbursement Pobligation Transaction ID: SE-8631951 Date of Disbursement Pobligation Transaction ID: SE-8611951 Date o	LIVE TRANSFERS AND DONOR CR	EATION LL	C Memo	Item	M = M / D = D / Y = Y = Y
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Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: TILLIS, THOM, R., Sen, Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date of Disbursement or Obligation Office Sought: House District: OD Disbursement For: X Primary General 2026 Other (specify) Ond Other (specify) Date of Disbursement or Obligation Massact All Subtrocts Other (specify) Date of Disbursement or Obligation Massact All Subtrocts Other (specify) Date of Disbursement or Obligation Massact All Subtrocts Other (specify) Date of Disbursement or Obligation Massact All Subtrocts Other (specify) Date of Disbursement or Obligation Other (specify) Date of Disbursement or Obligation Other (specify) Date of Disbursement or Obligation Other (specify) Other (specify) Date of Disbursement or Obligation Other (specify) Other (City	State	Zip Code		949.89
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Name of Federal Candidate: X Support Office Sought: House District: 00		1			
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Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	TILLIS, THOM, R., Sen,		Oppose		President Senate State: NC
(a) SUBTOTAL of Itemized Independent Expenditures			12083.22	1	sement For: 🗶 Primary General
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(c) TOTAL Independent Expenditures					
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Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date Date	(b) SUBTOTAL of Unitemized Independent Expenditur	es			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date Date					
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12 15 2021	(c) TOTAL Independent Expenditures			•	
[Electronically Filed] Date 12 15 2021	with, or at the request or suggestion of, any candida	ite or authorized			
	MASTROIANNI, STEPHANIE, , ,	Electronically File	ed] Date	e 12	
	Signature				

[Electronically Filed]

MASTROIANNI, STEPHANIE, , ,

Signature

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITUR

TH ALLIANO nour report DNOR CREAT on ave	New rep	Zip Code 00909 Category/ Type Output Support	Item Date Amou	FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER C C00755694 Of Public Distribution/Dissemination 12 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ONOR CREAT	New rep	Zip Code 00909 Category/ Type 004	Item Date Amou	of Public Distribution/Dissemination 12 / 22 / Y 2021 unt 949.89 saction ID: SE-S631953 of Disbursement or Obligation
ONOR CREAT	New rep	Zip Code 00909 Category/ Type 004	Item Date Amou	of Public Distribution/Dissemination 12 / 22 / 2021 unt 949.89 saction ID: SE-S631953 of Disbursement or Obligation
ONOR CREAT	FION LLC State	Zip Code 00909 Category/ Type 004	Item Date Amou	of Public Distribution/Dissemination M 12
on ave	State	Zip Code 00909 Category/ Type	Amor	unt 949.89 saction ID : SE-S631953 of Disbursement or Obligation
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		Oppose	Presid	MI
	, , , ,	12083.22	Disburseme 2022	ent For: x Primary General Other (specify) •
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	State	Zip Code		949.89
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		Category/ Type 004		M = M / D = D / Y = Y = Y
		Support	Office Sour	ht: X House District: 08
		Oppose	Presid	Λ7
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Date

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PAGE 272 OF 317 FOR LINE 24 OF FORM 3X
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action ID : SE-S631957 of Disbursement or Obligation
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ent Senate State: NH
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UNITED WOMEN'S HEALTH ALLIAN	NCE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	ATION LLC	X Memo	Item D	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			A	mount
Suite GM8 City	State	Zip Code		949.89
SAN JUAN	PR	00909		Transaction ID : SE-S631957 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		✗ Support	Office S	Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	PI	resident Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7	12083.22	Disburse 2026	ement For: x Primary General Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CF Invoice paid after close of books	REATION LL	C Memo	Item D	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			A	mount
City	State	Zip Code		949.89
SAN JUAN Purpose of Expenditure	PR	00909		Transaction ID : SE-S631959 Date of Disbursement or Obligation
Telephone Fundraising		Category/ Type 004		M M / D D / Y Y Y Y
Name of Federal Candidate:		🗶 Support	Office S	Sought: House District: 00
BLUNT, ROY, , ,		Oppose	Pi	resident Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7 1 7	12083.25	Disburse 2022	ement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		•	0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	
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Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , , Signature	[Electronically Fil	ed] Date	e 12	/ D D / Y Y Y Y Y Y Y Y Y Y Z Y Z Y Z Y Z
				FEC Schedule E (Form 3X) Rev. 05/2016

PAGE 273 OF 317 FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼ C C00755694 M / D D / Y Y Y Y Y of Public Distribution/Dissemination 12
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	Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	X Memo	Item	Date of Public Distribution/Dissemination
	Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave				12 22 2021
	Suite GM8				Amount
}	City	State	Zip Code		949.89
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	Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M = M / D = D / Y = Y = Y
ŀ	Name of Federal Candidate:		X Support	Office	e Sought: House District: 00
	MURRAY, PATTY, , ,		Oppose		President State: WA
	Calendar Year-To-Date Per Election for Office Sought	7	12083.24	Disbu 2022	ursement For: Primary General Other (specify) ▶
ŀ	Full Name of Payee		∡ Memo	Item	Date of Public Distribution/Dissemination
	LIVE TRANSFERS AND DONOR CR Invoice paid after close of books	EATION LL	C 		12 / 22 / 2021
	Mailing Address 1607 Ponce de Leon ave				Amount
-	Suite GM8 City	State	Zip Code		949.89
	SAN JUAN	PR	00909		Transaction ID : SE-S631963
ŀ	Purpose of Expenditure		Category/		Date of Disbursement or Obligation
	Telephone Fundraising		Type 004		
	Name of Federal Candidate:		✗ Support	Office	e Sought: House District: 00
	VAN HOLLEN, CHRIS, , ,		Oppose		President Senate State: MD
	Calendar Year-To-Date Per Election for Office Sought		12083.24	Disbu 2022	ursement For: 🗶 Primary General
	Fel Liection for Office Sought	7 7		ZUZZ	Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures			•	0.00
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,	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	te or authorized			
	MASTROIANNI, STEPHANIE, , , [5] Signature	Electronically File	ed] Date) M	2 15 2021
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		PAGE 274 OF 317 FOR LINE 24 OF FORM 3X
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		12 29 7 2021
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Support	Office	e Sought: House District: 00
Oppose		President Senate State: TX
	Disbu 2026	ursement For: Primary General Other (specify) ▶
✗ Memo	Item	Date of Public Distribution/Dissemination
		12 29 7 2021
		Amount
		945.57
9		Transaction ID : SE-S631967
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Support	Office	e Sought: House District: 00
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		ursement For: X Primary General
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FOR LINE 24 OF FORM 3X
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UNITED WOMEN'S HEALTH ALLIAN	CE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	TION LLC	X Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				Amount
Suite GM8				Allount
City	State	Zip Code		945.57
SAN JUAN	PR	00909		Transaction ID : SE-S631969 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	F	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	13028.79	Disburs 2022	sement For: x Primary General Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave	EATION LL	C Memo		Date of Public Distribution/Dissemination M 12
Suite GM8	_			
City SAN JUAN	State PR	Zip Code 00909		945.57 Transaction ID : SE-S631971 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M M / D D / Y Y Y Y
Name of Federal Candidate:		x Support	Office	Sought: House District: 08
LESKO, DEBBIE, , ,		Oppose	F	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	, , ,	13028.78	Disburs 2022	sement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			• [0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
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Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
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				FEC Schedule E (Form 3X) Rev. 05/2016

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

UNITED WOMEN'S HEALTH ALLIANCE PAC

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Check if 24-hour report 48-hour report New report Amends report filed of Full Name of Payee ✗ Memo Item LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8 City State Zip Code PR 00909 SAN JUAN Purpose of Expenditure Category/ Telephone Fundraising 004 Type Name of Federal Candidate: **X** Support Office SHAHEEN, JEANNE, , , Oppose Disburs Calendar Year-To-Date 13028.79 2026 Per Election for Office Sought Full Name of Payee ✗ Memo Item LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8 City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Category/ Telephone Fundraising 004 Type Name of Federal Candidate: x Support Office BLUNT, ROY, , , Oppose Disburs Calendar Year-To-Date 13028.82 2022 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] 12 22 2021 Date Signature FEC Schedule E (Form 3X) Rev. 05/2016

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

UNITED WOMEN'S HEALTH ALLIANCE PAC

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	Mailing Address 1607 Ponce de Leon ave				12 23 2021
	Suite GM8				Amount
	City	State	Zip Code		945.57
	SAN JUAN	PR	00909		Transaction ID : SE-S631977 Date of Disbursement or Obligation
	Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M = M / D = D / Y = Y = Y
	Name of Federal Candidate:		✗ Support	Office	e Sought: House District: 00
	MURRAY, PATTY, , ,		Oppose		President Senate State: WA
	Calendar Year-To-Date Per Election for Office Sought		13028.81	Disbu 2022	ursement For: X Primary General
		,			Other (specify)
	Full Name of Payee LIVE TRANSFERS AND DONOR CR Invoice paid after close of books	EATION LL	C Memo	Item	Date of Public Distribution/Dissemination
	Mailing Address 1607 Ponce de Leon ave				12 23 2021
	Suite GM8				Amount
	City	State	Zip Code		945.57
	SAN JUAN	PR	00909		Transaction ID : SE-S631979 Date of Disbursement or Obligation
	Purpose of Expenditure Telephone Fundraising	1	Category/ Type 004		M M / D D / Y Y Y Y
П	Name of Federal Candidate:		x Support	Office	e Sought: House District:00
	VAN HOLLEN, CHRIS, , ,		Oppose		President State: MD
	Calendar Year-To-Date Per Election for Office Sought		13028.81	Disbu 2022	ursement For: ✓ Primary General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures			•	0.00
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W	nder penalty of perjury I certify that the independe ith, or at the request or suggestion of, any candidarty committee) any political party committee or its	ate or authorized	•		· · · · · · · · · · · · · · · · · · ·
	MASTROIANNI, STEPHANIE, , ,	Electronically File	ed] Date	e 1	2 22 2021
	Signature				
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	PAGE 278 OF 317
	FOR LINE 24 OF FORM 3X
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NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
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Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amour	nt
City	State	Zip Code		909.09
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Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M	M / D D / Y T Y T Y
Name of Federal Candidate:		X Support	Office Sough	t: House District: 00
CORNYN, JOHN, , Sen,		Oppose	Preside	ent Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		909.09	Disbursement	t For: x Primary General ther (specify) ▶
Full Name of Poyes	, ,	M Mana		of Public Distribution/Dissemination
Full Name of Payee LIVE TRANSFERS AND DONOR CR Invoice paid after close of books	EATION LL	C Memo	М	
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amour	nt
City	State	Zip Code		909.09
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Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M	M / D D / Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sough	t: House District: 00
TILLIS, THOM, R., Sen,		Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	909.09	Disbursement 2026 O	t For: x Primary General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· [0.00
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Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	nt expenditures te or authorized	reported herein were		
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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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UNITED WOMEN'S HEALTH ALLIANCE PAC Check if 24-hour report 48-hour report New report Amends report filed on Date of Full Name of Payee ✗ Memo Item LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Amour Suite GM8 City State Zip Code PR 00909 Trans SAN JUAN Date of Purpose of Expenditure Category/ Telephone Fundraising 004 Type Name of Federal Candidate: **X** Support Office Sough LAWRENCE, BRENDA, LULENAR, , Oppose Preside Disbursemen Calendar Year-To-Date 909.09 2022 Per Election for Office Sought 0 Full Name of Payee Date of ✗ Memo Item LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Amour Suite GM8 City State Zip Code SAN JUAN **Trans** PR 00909 Date of Purpose of Expenditure Category/ Telephone Fundraising 004 Type Name of Federal Candidate: **✗** Support Office Sough LESKO, DEBBIE, , , Oppose Preside Disbursemen Calendar Year-To-Date 909.09 2022 Per Election for Office Sought 0 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in c with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] 12 29 2021 Date Signature FEC Schedule E (Form 3X) Rev. 05/2016

	FOR LINE 24 OF FORM 3X
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Office	e Sought: House District: 00
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NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
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Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	X Memo	Item D	ate of Public Distribution/Dissemination
Invoice paid after close of books Mailing Address				01 01 2022
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Suite GM8 City	State	Zip Code	r	909.09
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Name of Federal Candidate:		✗ Support	Office S	ought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose		resident Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7	909.09	Disburse 2026	ement For: Primary General Other (specify) ▶
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Suite GM8			A	mount
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Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M M / D D / Y Y Y Y
Name of Federal Candidate:		✗ Support	Office S	ought: House District: 00
BLUNT, ROY, , ,		Oppose		resident Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	909.09	Disburse 2022	ement For: ✓ Primary General Other (specify) ✓
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MURRAY, PATTY, , ,	ER▼
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address City SAN JUAN Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: MURRAY, PATTY, Calendar Year-To-Date Per Election for Office Sought Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address State Zip Code 909.09 Transaction ID: SE-S63193 Date of Disbursement or Obligation Transaction ID: SE-S63193 Date of Disbursement or Obligation M M M / 0 0 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Name of Federal Candidate: MURRAY, PATTY, , Oppose Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Transaction ID : SE-S631993 Date of Disbursement or Obligation Disbursement For: Primary Gen 2022 Other (specify) Date of Public Distribution/Dissemination Amount Transaction ID : SE-S631993 Date of Disbursement For: Primary Gen 2022 Other (specify) Amount Date of Public Distribution/Dissemination Transaction ID : SE-S631995 Date of Disbursement or Obligation Purpose of Expenditure Category/ Purpose of Expenditure	Y
Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Transaction ID: SE-S631993 Date of Disbursement or Obligation Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: MURRAY, PATTY, Calendar Year-To-Date Per Election for Office Sought Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Amount Amount Amount Amount Amount Amount Amount Date of Disbursement or Obligation Pisbursement For: Memo Item Date of Public Distribution/Dissemination Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Transaction ID: SE-S631995 Date of Disbursement or Obligation	Y
Suite GM8 City SAN JUAN PR 00909 Transaction ID: SE-S631993 Date of Disbursement or Obligation Purpose of Expenditure Telephone Fundraising Category/ Type 004 Name of Federal Candidate: MURRAY, PATTY, , Calendar Year-To-Date Per Election for Office Sought Purpose of Expenditure Telephone Fundraising Category/ Type 004 Support Office Sought: House District: Oppose President Senate State: Primary Gen 2022 Other (specify) ▶ Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Transaction ID: SE-S631993 Date of Disbursement or Obligation Transaction ID: SE-S631995 Date of Disbursement or Obligation Transaction ID: SE-S631995 Date of Disbursement or Obligation	
City SAN JUAN PR 00909 Transaction ID: SE-S631993 Date of Disbursement or Obligation Purpose of Expenditure Telephone Fundraising Category/ Type 004 Name of Federal Candidate: MURRAY, PATTY, , Oppose President Senate State: Calendar Year-To-Date Per Election for Office Sought Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Transaction ID: SE-S631993 Date of Disbursement or Obligation MMM / D D / Y Y Y Y Memo Item Date of Public Distribution/Dissemination M M M / D D / Y 2022 Amount Transaction ID: SE-S631993 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: MURRAY, PATTY, ,	9
Telephone Fundraising Name of Federal Candidate: MURRAY, PATTY, , Oppose President Senate State: Morpose Primary Gen Disbursement For: Primary Gen 2022 Other (specify) Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Transaction ID: SE-S631995 Date of Disbursement or Obligation Transaction ID: SE-S631995 Date of Disbursement or Obligation	
MURRAY, PATTY, , ,	Y
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Per Election for Office Sought Per Election for Office Sought Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Other (specify) ▶ Date of Public Distribution/Dissemination Month Other (specify) ▶ Amount Transaction ID : SE-S631995 Date of Disbursement or Obligation	WA
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Transaction ID: SE-S631995 Date of Disbursement or Obligation	eneral
City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure State Zip Code 909.09 Transaction ID: SE-S631995 Date of Disbursement or Obligation	′
SAN JUAN PR 00909 Transaction ID : SE-S631995 Date of Disbursement or Obligation Purpose of Expenditure	ıa l
Purpose of Expenditure	9
Telephone Fundraising Out	Y
Name of Federal Candidate: Support Office Sought: House District: 0	00
VAN HOLLEN, CHRIS, , ,	MD
Calendar Year-To-Date Per Election for Office Sought Disbursement For: ✓ Primary Gen 2022 Other (specify)	eneral
(a) SUBTOTAL of Itemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or cond with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12 29 2021	
Signature Date 12 29 2021	

MASTROIANNI, STEPHANIE, , ,

Signature

[Electronically Filed]

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

MIZED INDEPENDENT EXPENDITURES					PAGE 28 FOR LINE	2 OF 317 24 OF FORM 3X
ME OF COMMITTEE (In Full) NITED WOMEN'S HEALTH ALLIAN	ICE DAC			FEC	IDENTIFICAT	ION NUMBER ▼
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Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo It	em Date	of Pub	lic Distribution	n/Dissemination
Mailing Address 1607 Ponce de Leon ave			Amo	-	10	2021
Suite GM8 City	State	Zip Code	-			1375.00
SAN JUAN	PR	00909			ID: SE-S43° ursement or	198
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		10 M	06	2021
Name of Federal Candidate:		X Support	Office Soug	ht:	X House	District:14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Presid		Senate	State: MI
Calendar Year-To-Date Per Election for Office Sought	7		Disburseme		x Primai specify) ▶	y General
Full Name of Payee LIVE TRANSFERS AND DONOR CR	REATION LI	☐ Memo It	em Date	of Pub	lic Distribution	n/Dissemination 2021
Mailing Address 1607 Ponce de Leon ave			Amo	ınt		
Suite GM8				-		
City SAN JUAN	State	Zip Code	Tran	saction	n ID : SE-S43	1375.00
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Purpose of Expenditure Telephone Fundraising		Category/ Type 004] [10	06	2021
lame of Federal Candidate:		✗ Support	Office Soug	ht [.]	✗ House	District:08
ESKO, DEBBIE, , ,		Oppose	Presid		Senate	State: AZ
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nder penalty of perjury I certify that the independe	ant avnandituras	reported berein were	not made in	cooper	ation concult	ation or concort

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SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES	:		DIOT 000 05 047
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NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC		
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Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on M M / D D / Y Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	1375.00
SAN JUAN	PR	00909	Transaction ID : SE-S431202 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7	1375.00	Disbursement For: Primary General 2026 Other (specify) ▶
Mailing Address 1607 Ponce de Leon ave	REATION LL	.C	M 10 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite GM8	State	Zin Codo	1375.00
City SAN JUAN	PR	Zip Code 00909	Transaction ID : SE-S431204 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
BLUNT, ROY, , ,		Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	, , ,	1375.00	Disbursement For: ■ Primary General 2022 Other (specify) ■
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditu (c) TOTAL Independent Expenditures	ires		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized		

[Electronically Filed]

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Date

Signature

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES	;		PAGE 284 OF 317
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	NCE PAC		FEC IDENTIFICATION NUMBER ▼
			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on M M / D D / Y Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			Amount
Suite GM8			Amount
City	State	Zip Code	1375.00
SAN JUAN	PR	00909	Transaction ID: SE-S431206 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	10 06 7 2021
Name of Federal Candidate:		Support	Office Sought: House District: 00
MURRAY, PATTY, , ,		Oppose	President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7 7	1375.00	Disbursement For: ✓ Primary General 2022 Other (specify) ✓
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CE	REATION LL		10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave Suite GM8			Amount
City	State	Zip Code	1375.00
SAN JUAN	PR	00909	Transaction ID : SE-S431208
Purpose of Expenditure		Category/	Date of Disbursement or Obligation
Telephone Fundraising		Type 004	10 06 2021
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	1 1 1	1375.00	Disbursement For: ✓ Primary General 2022 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	s		2750.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		·
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized		
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	ed] Date	10 13 2021

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Date

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 $MASTROIANNI,\,STEPHANIE,\,,\,$

Signature

SCHEDULE E (FEC Form 3X)						
TEMIZED INDEPENDENT EXPENDITURES				PAGE 285 OF 317 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼				
UNITED WOMEN'S HEALTH ALLIAN		C C00755694				
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed	on M M / D D / Y Y Y Y		
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	Item	Date of Public Distribution/Dissemination				
Mailing Address 1607 Ponce de Leon ave				Amount		
Suite GM8 City	State	Zip Code		1375.00		
SAN JUAN	PR	00909		Transaction ID : SE-S431194 Date of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	4	10 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate:		X Support	Office	Sought: House District:00		
CORNYN, JOHN, , Sen,		Oppose		President Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought	7	1375.00	Disbui 2026	rsement For: ✓ Primary General Other (specify) ✓		
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave Suite GM8	EATION LI	LC Memo	Item	Date of Public Distribution/Dissemination M 10		
City	State	Zip Code		1375.00		
SAN JUAN	PR	00909		Transaction ID : SE-S431196 Date of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		10 06 7 2021		
Name of Federal Candidate:		x Support	Office	Sought: House District: 00		
TILLIS, THOM, R., Sen,		Oppose		President Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	<i>7</i>	1375.00	Disbu 2026	rsement For: ✓ Primary General Other (specify) ✓		
(a) SUBTOTAL of Itemized Independent Expenditures				2750.00		
(b) SUBTOTAL of Unitemized Independent Expenditure	res		. •			
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorize					

[Electronically Filed]

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Date

Signature

SCHEDULE E (FEC FORM 3X)					
TEMIZED INDEPENDENT EXPENDITURES	•			PAGE 286 OF 317	
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X	
UNITED WOMEN'S HEALTH ALLIANCE PAC					
OTTI D TO MET OTTE A CENTRAL CONTROL OF THE CONTROL				C C00755694	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y Y	
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination	
Mailing Address				10 20 7 2021	
1607 Ponce de Leon ave				Amount	
Suite GM8	T 0: :	T		1400.05	
City	State	Zip Code		1400.25	
SAN JUAN	PR	00909		Transaction ID : SE-S431107 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	1	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		✗ Support	Office	e Sought: House District: 00	
CORNYN, JOHN, , Sen,		Oppose		President Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought	7	2775.26	Disbu 2026	orsement For: ✓ Primary General Other (specify) ✓	
Full Name of Payee LIVE TRANSFERS AND DONOR CF	Date of Public Distribution/Dissemination				
Mailing Address 1607 Ponce de Leon ave				Amount	
Suite GM8					
City SAN JUAN	State	Zip Code 00909		1400.25 Transaction ID : SE-S431109	
Purpose of Expenditure		Cotogony	_	Date of Disbursement or Obligation	
Telephone Fundraising		Category/ Type 004		10 13 2021	
Name of Federal Candidate:		x Support	Office	e Sought: House District: 00	
TILLIS, THOM, R., Sen,		Oppose		President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	7	2775.25	Disbu 2026	ursement For: Primary General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	2800.50	
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•		
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized				
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	led] Date	e 10	0 20 2021	

Date

	PAGE 287 OF 317
	FOR LINE 24 OF FORM 3X
FEC	IDENTIFICATION NUMBER ▼
C	C00755694
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	lic Distribution/Dissemination
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nt	
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	n ID : SE-S431111
	oursement or Obligation
10 ^M	13 2021
t:	■ House District:14
ent	Senate State: MI
t For:	✗ Primary ☐ General
ther (s	specify) ►
of Pub	lic Distribution/Dissemination
10 ^M	/ D D / Y Y Y Y Y Y 2021
nt	
_	1400.25
	n ID : SE-S431113 oursement or Obligation
10 ^M	13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ıt:	✗ House District:08
ent	Senate State: AZ
t For:	✗ Primary ☐ General
ther (s	specify) ▶
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UNITED WOMEN'S HEALTH ALLIANCE PAC C C00755694						
Check if 24-hour report 48-hour report New report Amends report filed on 48-hour report						
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC						
Mailing Address 1607 Ponce de Leon ave	10 20 2021 Amount					
Suite GM8	Suite GM8					
City	State	Zip Code		1400.25		
SAN JUAN	PR	00909		Transaction ID : SE-S431111 Date of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate:		✗ Support	Office	Sought: X House District: 14		
LAWRENCE, BRENDA, LULENAR, ,		Oppose		President Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought		2775.25	Disbu 2022	rsement For: 🗶 Primary 🗌 General		
Fer Election for Office Sought	7		2022	Other (specify) -		
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination		
LIVE TRANSFERS AND DONOR CREATION LLC						
Mailing Address 1607 Ponce de Leon ave		Amount				
Suite GM8						
SAN JUAN	State	Zip Code 00909		1400.25 Transaction ID : SE-S431113		
Purpose of Expenditure		Category/	$\overline{}$	Date of Disbursement or Obligation		
Telephone Fundraising	10 13 2021					
Name of Federal Candidate:						
LESKO, DEBBIE, , ,		Oppose		President Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought		2775.25	Disbu 2022	rsement For: X Primary General		
				Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
MASTROIANNI, STEPHANIE, , ,	Electronically File	ed]	M	0 20 2021		
Signature		Date	9 10	J 20 2021		
				FEC Schedule E (Form 3X) Rev. 05/2016		

Signature

SCHEDULE E (FEC FORM 3X) TEMIZED INDEPENDENT EXPENDITURES	i			PAGE 288 OF 317
NAME OF COMMITTEE (L. F. II)				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC				
ONITED WOMEN 3 HEALTH ALLIAN	ICE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				10 20 2021
Suite GM8				Amount
City	State	Zip Code		1400.25
SAN JUAN	PR	00909		Transaction ID : SE-S431115 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	1	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office	e Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose		President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		2775.25	Disbu 2026	rsement For: ✓ Primary General Other (specify) ►
Full Name of Payee LIVE TRANSFERS AND DONOR CF Mailing Address 1607 Ponce de Leon ave	REATION LL	.C Memo	Item	Date of Public Distribution/Dissemination
Suite GM8				Amount
City SAN JUAN	State	Zip Code 00909		1400.25 Transaction ID : SE-S431117
Purpose of Expenditure				Date of Disbursement or Obligation
Telephone Fundraising		Category/ Type 004		10 13 / 2021
Name of Federal Candidate:		x Support	Office	e Sought: House District: 00
BLUNT, ROY, , ,		Oppose		President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7	2775.26	Disbu 2022	other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	\$. •	2800.50
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically File	[ed] Date	e 1	0 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Date

 $MASTROIANNI,\,STEPHANIE,\,,\,$

Signature

SCHEDULE E (FEC Form 3X)				
TEMIZED INDEPENDENT EXPENDITURES				PAGE 289 OF 317
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			FEC IDENTIFICATION NUMBER ▼
				C C00755694
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREATION LLC				10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				10 20 2021
Suite GM8			Ar	mount
City	State	Zip Code		1400.25
SAN JUAN	PR	00909		ransaction ID : SE-S431119
Purpose of Expenditure		Category/	Da	ate of Disbursement or Obligation
Telephone Fundraising		Type 004	4	10 13 2021
Name of Federal Candidate:		✗ Support	Office So	pught: House District: 00
MURRAY, PATTY, , ,		Oppose		esident X Senate State: WA
Calendar Year-To-Date Per Election for Office Sought		2775.25	2022	ment For: x Primary General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	REATION LL	_C		10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				10 20 2021
Suite GM8			Ar	mount
City	State	Zip Code		1400.25
SAN JUAN	PR	00909		ransaction ID : SE-S431121
Purpose of Expenditure		Category/		ate of Disbursement or Obligation
Telephone Fundraising		Type 004		10 13 2021
Name of Federal Candidate:		✗ Support	Office So	ought: House District:00
VAN HOLLEN, CHRIS, , ,		Oppose		esident X Senate State: MD
Calendar Year-To-Date			+ $-$	ment For: 🗶 Primary General
Per Election for Office Sought	7	2775.25	2022	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	s		Г	2800.50
(,,				
(b) SUBTOTAL of Unitemized Independent Expenditu	res		[
(c) TOTAL Independent Expenditures			. •	
Under penalty of perjury I certify that the independe	ant evnenditures	reported herein were	not made	in cooperation consultation or concert
with, or at the request or suggestion of, any candida	ate or authorized			
party committee) any political party committee or its	agent.			

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 $MASTROIANNI,\,STEPHANIE,\,,\,$

Signature

CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES					PAGE 29	0 OF 317
						24 OF FORM 3X
AME OF COMMITTEE (In Full)				FEC	IDENTIFICAT	TION NUMBER ▼
JNITED WOMEN'S HEALTH ALLIAN	ICE PAC			С	C00755694	4
heck if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	и = м	/ D D /	Y Y Y Y
		·				
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item Date	M M	/ D D	n/Dissemination
Mailing Address 1607 Ponce de Leon ave			L	11	03	2021
Suite GM8			Amo	unt		
City	State	Zip Code	-			1287.79
SAN JUAN	PR	00909			ID: SE-S434 oursement or	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		10 ^M	27	2021
Name of Federal Candidate:		✗ Support	Office Soug	ht:	House	District:00
CORNYN, JOHN, , Sen,		Oppose	Presid		X Senate	State: TX
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	4063.05	Disburseme		Primar specify) ▶	ry General
Mailing Address 1607 Ponce de Leon ave			Amo	11 unt	03	2021
Suite GM8 City	State	Zip Code				1287.79
SAN JUAN	PR	00909			n ID : SE-S43	4147
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		10	27	2021
Name of Federal Candidate:		✗ Support	Office Soug	ht:	House	District: 00
TILLIS, THOM, R., Sen,		Oppose	Presid	dent	X Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 7	4063.04	Disburseme		x Primar pecify) ►	ry General
(a) SUBTOTAL of Itemized Independent Expenditures	S			•		2575.58
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•			
(c) TOTAL Independent Expenditures			· -			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized					

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 $MASTROIANNI,\,STEPHANIE,\,,\,$

Signature

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES				D. 05 004 05 047				
TEMPLE INDEX ENDING EXPENDITORES				PAGE 291 OF 317 FOR LINE 24 OF FORM 3X				
NAME OF COMMITTEE (In Full)	05.04.0			FEC IDENTIFICATION NUMBER ▼				
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			C C00755694				
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed	on M M / D D / Y Y Y Y				
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 1607 Ponce de Leon ave				Amount				
Suite GM8 City	State	Zip Code		1287.79				
SAN JUAN	N JUAN PR 00909			Transaction ID : SE-S434149 Date of Disbursement or Obligation				
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	4	10 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate:		X Support	Office	Sought: K House District: 14				
LAWRENCE, BRENDA, LULENAR, ,		Oppose		President Senate State: MI				
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	4063.04	Disbu 2022	rsement For: x Primary General Other (specify) ▶				
Full Name of Payee LIVE TRANSFERS AND DONOR CR	EATION LI	_C Memo	Item	Date of Public Distribution/Dissemination				
Mailing Address 1607 Ponce de Leon ave Suite GM8				Amount				
City	State	Zip Code		1287.79				
SAN JUAN	PR	00909		Transaction ID : SE-S434151 Date of Disbursement or Obligation				
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		10 / D D / Y Y Y Y Y Y 2021				
Name of Federal Candidate:		✗ Support	Office	Sought: Mouse District: 08				
LESKO, DEBBIE, , ,		Oppose		President Senate State: AZ				
Calendar Year-To-Date Per Election for Office Sought	7 7	4063.04	Disbu 2022	rsement For: ✓ Primary General Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures			. •	2575.58				
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•					
(c) TOTAL Independent Expenditures			. •					
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorize							

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

UNITED WOMEN'S HEALTH ALLIANCE PAC

PAGE 292 OF 317	7
FOR LINE 24 OF FORM 3X	\dashv
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action ID : SE-S434153 of Disbursement or Obligation	
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ent Senate State: NH	
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t: House District: 00	-
ent Senate State: MO	
t For: 🗶 Primary General	
ther (specify) ▶	
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cooperation, consultation, or concert	

Check if 24-hour report 48-hour report New report Amends report filed on Date of Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Amour Suite GM8 City State Zip Code PR 00909 Trans SAN JUAN Date of Purpose of Expenditure Category/ Telephone Fundraising 004 Type Name of Federal Candidate: **X** Support Office Sough SHAHEEN, JEANNE, , , Oppose Preside Disbursemen Calendar Year-To-Date 4063.04 2026 Per Election for Office Sought 0 Full Name of Payee Date of Memo Item LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Amour Suite GM8 City State Zip Code SAN JUAN **Trans** PR 00909 Date of Purpose of Expenditure Category/ Telephone Fundraising 004 Type Name of Federal Candidate: x Support Office Sough BLUNT, ROY, , , Oppose Preside Disbursemen Calendar Year-To-Date 4063.06 2022 Per Election for Office Sought 0 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in c with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] 03 2021 Date Signature FEC Schedule E (Form 3X) Rev. 05/2016

PAGE 293 OF 317 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
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For: 🗶 Primary 🗌 General
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1287.80 action ID : SE-S434159
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10 27 2021
t: House District: 00
ent 🗶 Senate State: MD
For: 🗶 Primary 🗌 General
ther (specify) ▶
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	ME OF COMMITTEE (In Full)	105 5			FEC IDENTIFICATION NUMBER ▼
U	NITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
Ch	eck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	I on M M / D D / Y Y Y Y
	Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination
-	Mailing Address 1607 Ponce de Leon ave				11 03 2021
	Suite GM8				Amount
ŀ	City	State	Zip Code		1287.80
	SAN JUAN	PR	00909		Transaction ID : SE-S434157 Date of Disbursement or Obligation
	Purpose of Expenditure Telephone Fundraising		Category/ Type 004	1	10 27 7 2021
İ	Name of Federal Candidate:		X Support	Offic	e Sought: House District: 00
	MURRAY, PATTY, , ,		Oppose		President Senate State: WA
	Calendar Year-To-Date Per Election for Office Sought	7 7	4063.05	Disb 2022	ursement For: ✓ Primary General Other (specify) ►
Ī	Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
	LIVE TRANSFERS AND DONOR CR	REATION LL		110111	M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
	Mailing Address 1607 Ponce de Leon ave				
	Suite GM8				Amount
ŀ	City	State	Zip Code		1287.80
	SAN JUAN	PR	00909		Transaction ID : SE-S434159 Date of Disbursement or Obligation
	Purpose of Expenditure Telephone Fundraising		Category/ Type 004		10 DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate:		✗ Support	Offic	e Sought: House District: 00
	VAN HOLLEN, CHRIS, , ,		Oppose		President Senate State: MD
	Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	4063.05	Disb 2022	ursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·		. •	2575.60
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
١	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidates array committee) any political party committee or its	ate or authorized			
		[Electronically Fil	led] Date	e 1	11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature				
					FEC Schedule E (Form 3X) Rev. 05/2016

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PAGE 294 OF 317	
FOR LINE 24 OF FORM 33	X
FEC IDENTIFICATION NUMBER \	7
C C00755694	_
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of Public Distribution/Dissemination	
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action ID : SE-S434177 of Disbursement or Obligation	
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t: House District: 00	_
ent 🕱 Senate State: TX	_
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ther (specify) ▶	_
of Public Distribution/Dissemination	
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nt	
1120.59 saction ID : SE-S434179 of Disbursement or Obligation	
11 03 2021]
t: House District: 00	_
ent Senate State: NC	_
t For: X Primary Genera	— al
ther (specify) ▶	
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Check if	NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Memo Item Date of Public Distribution/Dissemination LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 State Zip Code Transaction ID: SE-S434177 Date of Disbursement For: Year Primary General Propose of Expenditure Telephone Fundraising Calegony/ Type O04 Transaction ID: SE-S434177 Date of Disbursement For: Year Primary General Calegony/ Date of Disbursement For: Year Primary Calegony/ Date of Disbursement For: Year Date of Disbursement For: Year Date of Disbursement Or Diligation Date of Disbursement For: Year Date	UNITED WOMEN'S HEALTH ALLIA	NCE PAC			C C00755694
Title TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Purpose of Expenditure Telephone Fundraising Category/ Type 004 Name of Federal Candidate:	Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Purpose of Expenditure Telephone Fundraising Category/ Type 004 Name of Federal Candidate: Calendar Year-To-Date Salute State State TX Purpose of Expenditure Telephone Fundraising Category/ Type 004 Name of Federal Candidate: CORNYN, JOHN, , Sen, Oppose President X Senate State: TX Calendar Year-To-Date President Salute State: TX Calendar Year-To-Date Salute State State: TX Disbursement For: Primary General Candidate: Salute State: TX Date of Public Distribution/Dissemination Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Purpose of Expenditure Telephone Fundraising Category/ Type 004 Transaction ID : SE-S434179 Date of Public Distribution/Dissemination Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Transaction ID : SE-S434179 Date of Public Distribution/Dissemination Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Transaction ID : SE-S434179 Date of Public Distribution/Dissemination Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Transaction ID : SE-S434179 Date of Public Distribution/Dissemination Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Transaction ID : SE-S434179 Date of Public Distribution/Dissemination Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Transaction ID : SE-S434179 Date of Public Distribution/Dissemination Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Transaction ID : SE-S434179 Date of Public Distribution/Dissemination Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Transaction ID : SE-S434179 Date of Public Distribution/Dissemination Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN Primary General Category President X Senate State: NC Disbursement For: X Primary General Category Primary General Category President X Senate State: NC Disbursement For: X Primary Gener	Full Name of Payee LIVE TRANSFERS AND DONOR CRE	ATION LLC	☐ Memo	Item	M M / D D / Y T Y Y
City SAN JUAN Purpose of Expenditure Telephone Fundraising Category/ Type Category/ Type Code Transaction ID: SE-S434177 Date of Disbursement or Obligation Purpose of Expenditure Telephone Fundraising Category/ Type Ou4 Til Ou5 CORNYN, JOHN, Sen, Oppose President For Election for Office Sought Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address City SAN JUAN PR Ou909 Full Name of Expenditure Telephone Fundraising Category/ Type Category/ Type Ou4 Til Ou5 Transaction ID: SE-S434177 Disbursement For: Primary General 2026 Other (specify) Amount Amount Category/ Type Ou4 Til Ou5 Transaction ID: SE-S434179 Disbursement For: Primary General 2026 Other (specify) Transaction ID: SE-S434179 Date of Disbursement or Obligation Purpose of Expenditure Telephone Fundraising Category/ Type Ou4 Til Ou5 Transaction ID: SE-S434179 Date of Disbursement or Obligation Purpose of Expenditure Telephone Fundraising Category/ Type Ou4 Til Ou5 Transaction ID: SE-S434179 Date of Disbursement or Obligation Transaction ID: SE-S434179 Date of Disbursement For: Type Ou4 Type Transaction ID: SE-S434179 Date of Disbursement or Obligation Transaction ID: SE-S434179 Date of Disbursement or Obligation Transaction ID: SE-S434179 Date of Disbursement For: Type T	1607 Ponce de Leon ave				
SAN JUAN Purpose of Expenditure Telephone Fundraising Category/ Type O04 Name of Federal Candidate: CORNYN, JOHN, , Sen, Calendar Year-To-Date Per Election for Office Sought Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address City SAN JUAN Purpose of Expenditure Telephone Fundraising Category/ Type O04 Transaction ID: SE-S434177 Date of Disbursement or Obligation Min 1		0.5.4.5	7:- 01-		4400.00
Purpose of Expenditure Telephone Fundraising Category/ Type Odd Type Odd Type Odfice Sought: House District: Oo CORNYN, JOHN, , Sen,					Transaction ID : SE-S434177
CORNYN, JOHN, , Sen, Calendar Year-To-Date Per Election for Office Sought Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address Suite GM8 City SAN JUAN Purpose of Expenditure Telephone Fundraising Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: TILLIS, THOM, R., Sen, Disbursement For: Primary General Date of Public Distribution/Dissemination Memo Item Date of Public Distribution/Dissemination Mailing Address Amount Transaction ID: SE-S434179 Date of Disbursement or Obligation Transaction ID: SE-S434179 Date of Disbursement or Obligation Oppose President Senate State: TX Senate State: TX Senate Disbursement For: Support Office Sought: Full Name of Federal Candidate: Full Na					M M / D D / Y Y Y
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN Purpose of Expenditure Telephone Fundraising Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: TILLIS, THOM, R., Sen, Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Amount Date of Public Distribution/Dissemination Math of Public Distribution/Dissemination Math of Public Distribution/Dissemination Math of Public Distribution/Dissemination Transaction ID: SE-S434179 Date of Disbursement or Obligation Math of Public Distribution/Dissemination Math of Public Distribution/Dissemination Transaction ID: SE-S434179 Date of Disbursement or Obligation Math of Disbursement For: Amount Transaction ID: SE-S434179 Date of Disbursement For: Oppose President Senate State: NC Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Scalendar Year-To-Date Per Election for Office Sought	Name of Federal Candidate:		✗ Support	Office	Sought: House District: 00
Per Election for Office Sought Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Purpose of Expenditure Telephone Fundraising Category/ Type Name of Federal Candidate: TILLIS, THOM, R., Sen, Calendar Year-To-Date Per Election for Office Sought Category Topose Calendar Year-To-Date Per Election for Office Sought Category Topose Calendar Year-To-Date Per Election for Office Sought Category Topose Calendar Year-To-Date Per Election for Office Sought Category Topose Calendar Year-To-Date Per Election for Office Sought Category Topose Disbursement For: ▼ Primary General Category Topose President Full Name of Federal Candidate: Topose Calendar Year-To-Date Per Election for Office Sought Disbursement For: ▼ Primary General	CORNYN, JOHN, , Sen,		Oppose		President State: TX
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Purpose of Expenditure Telephone Fundraising Category/ Type Name of Federal Candidate: TILLIS, THOM, R., Sen, Calendar Year-To-Date Per Flection for Office Sought Date of Public Distribution/Dissemination Amount Amount Transaction ID: SE-S434179 Date of Disbursement or Obligation Transaction ID: SE-S434179 Date of Disbursement or Obligation Mailing Address Amount Transaction ID: SE-S434179 Date of Disbursement or Obligation Transaction ID: SE-S434179 Date of Disbursement For: Obligation To Disbursement For: President X Senate State: NC Disbursement For: Primary General 2026		7 1 7	6324.10		
Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Transaction ID: SE-S434179 Date of Disbursement or Obligation Purpose of Expenditure Telephone Fundraising Category/ Type 004 Till 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		REATION LL		Item	Date of Public Distribution/Dissemination
City SAN JUAN PR 00909 Category/ Type Name of Federal Candidate: TILLIS, THOM, R., Sen, Calendar Year-To-Date Per Flection for Office Sought State Zip Code 1120.59 Transaction ID: SE-S434179 Date of Disbursement or Obligation Category/ Type 004 Till 03 Transaction ID: SE-S434179 Date of Disbursement or Obligation Office Sought: House District: OO Till Senate Transaction ID: SE-S434179 Date of Disbursement or Obligation M M M M M M M M M M M M M M M M M M M	1607 Ponce de Leon ave				
SAN JUAN Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: TILLIS, THOM, R., Sen, Calendar Year-To-Date Per Flection for Office Sought PR 00909 Transaction ID: SE-S434179 Date of Disbursement or Obligation M M M O O O O O O O O O O O O O O O O		State	Zin Code		1120 59
Telephone Fundraising Category/ Type 004 11 03 2021 Name of Federal Candidate: TILLIS, THOM, R., Sen, Oppose President Disbursement For: Per Flection for Office Sought Ogeneral 2026	SAN JUAN				Transaction ID : SE-S434179
TILLIS, THOM, R., Sen, Oppose Onice Sought. Onic					
TILLIS, THOM, R., Sen, Oppose President Senate State: NC Calendar Year-To-Date Per Flection for Office Sought 6324.09 Disbursement For: X Primary 2026 Queen State: NC	Name of Federal Candidate:		x Support	Office	Sought: House District: 00
Per Election for Office Sought 6324.09 2026	TILLIS, THOM, R., Sen,				NO NO
		7	6324.09		
(a) SUBTOTAL of Itemized Independent Expenditures	(a) SUBTOTAL of Itemized Independent Expenditure	es		•	2241.19
(b) SUBTOTAL of Unitemized Independent Expenditures	(b) SUBTOTAL of Unitemized Independent Expendit	tures		•	
(c) TOTAL Independent Expenditures	(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	with, or at the request or suggestion of, any candid	date or authorized			
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 11 17 2021	MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	[ed] Date	e 11	
Signature	Signature				FEC Schedule E (Form 3X) Rev. 05/2016

 $MASTROIANNI,\,STEPHANIE,\,,\,,$

Signature

SCHEDULE E ITEMIZED INDEP

HEDULE E (FEC Form 3X) IIZED INDEPENDENT EXPENDITURES				PAGE 29	5 OF 317
				FOR LINE 2	24 OF FORM 3X
E OF COMMITTEE (In Full)				FEC IDENTIFICATI	ON NUMBER ▼
IITED WOMEN'S HEALTH ALLIAN	CE PAC			C C00755694	
k if 24-hour report 48-hour report	New rep	port Amends repo	ort filed o	on M M / D D /	Y Y Y Y
full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item	Date of Public Distribution	/Dissemination 2021
Mailing Address 1607 Ponce de Leon ave					2021
Suite GM8				Amount	
City	State	Zip Code			1120.59
SAN JUAN	PR	00909		Transaction ID : SE-S434 Date of Disbursement or 0	
urpose of Expenditure Telephone Fundraising		Category/ Type 004		11 03	2021
ame of Federal Candidate:		X Support	Office	Sought: X House	District: 14
AWRENCE, BRENDA, LULENAR, ,		Oppose		President Senate	State: MI
Calendar Year-To-Date Per Election for Office Sought	, , ,	6324.09	Disburs 2022	sement For: x Primar Other (specify) ▶	y General
ull Name of Payee LIVE TRANSFERS AND DONOR CR ailing Address	EATION L	LC Memo	Item	Date of Public Distribution	/Dissemination 2021
1607 Ponce de Leon ave Suite GM8				Amount	
ity	State	Zip Code			1120.59
SAN JUAN	PR	00909		Transaction ID : SE-S434 Date of Disbursement or 0	
urpose of Expenditure Telephone Fundraising		Category/ Type 004		11 / 03	2021
ame of Federal Candidate:		✗ Support	Office	Sought: X House	District: 08
ESKO, DEBBIE, , ,		Oppose		President Senate	State: AZ
Calendar Year-To-Date Per Election for Office Sought	7	6324.09	Disburs 2022	sement For: x Primar	y General
SUBTOTAL of Itemized Independent Expenditures					2241.18
SUBTOTAL of Unitemized Independent Expenditure	es				
TOTAL Independent Expenditures			•	7	
der penalty of perjury I certify that the independent				de in cooperation, consulta or (if the reporting entity	

[Electronically Filed]

2021

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Date

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Signature

SCHEDULE E (FEC FORM 3X) TEMIZED INDEPENDENT EXPENDITURES	i			PAGE 296 OF 317
NAME OF COMMITTEE (L. F. II)				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	ICE DAC			FEC IDENTIFICATION NUMBER ▼
ONITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8				Amount
City	State	Zip Code		1120.60
SAN JUAN	PR	00909		Transaction ID : SE-S434185 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	1	11 03 / Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	e Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose		President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		6324.09	Disbu 2026	orsement For: Primary General Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CF Mailing Address 1607 Ponce de Leon ave	REATION LL	.C Memo	Item	Date of Public Distribution/Dissemination 11 10 2021 Amount
Suite GM8 City	State	Zip Code		1120.60
SAN JUAN	PR	00909		Transaction ID : SE-S434187 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 03 7 2021
Name of Federal Candidate:		✗ Support	Office	e Sought: House District: 00
BLUNT, ROY, , ,		Oppose		President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7	6324.11	Disbu 2022	orsement For: ■ Primary ■ General ■ Other (specify) ■
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditu				2241.20
(b) SOBTOTAL OF Officernized independent experiality	165			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically File	[ed] Date	e 1	1 17 2021

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼ C C00755694 ds report filed on M M / D D / Y Y Y Y Y Memo Item Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Amount 1120.60 Transaction ID : SE-S434189
ds report filed on M M / D D / Y Y Y Y Memo Item Date of Public Distribution/Dissemination M 1 1 10 / 2021 Amount 1120.60
Memo Item Date of Public Distribution/Dissemination Manuell 11
Amount 1120.60
Amount 1120.60
1120.60
Transaction ID : SE-S434189
Date of Disbursement or Obligation
004
oport Office Sought: House District: 00
pose President X Senate State: WA
Disbursement For: x Primary General 2022 Other (specify) ▶
Memo Item Date of Public Distribution/Dissemination
Amount
1120.60
Transaction ID : SE-S434191 Date of Disbursement or Obligation
004 11 03 7 2021
pport Office Sought: House District: 00
pose President X Senate State: MD
Disbursement For: ✓ Primary General 2022 Other (specify)
2022 Other (specify) ▶
2022
^

Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent

MASTROIANNI, STEPHANIE, , ,	[Electronically Filed]	Date	M = M /	17	/	2021
Signature						

Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 298 OF 317
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			FEC IDENTIFICATION NUMBER ▼
ONTED WOMEN OF TEXT TO THE				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				11 17 2021
Suite GM8				Amount
City	State	Zip Code		1040.10
SAN JUAN	PR	00909		Transaction ID : SE-S434193 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M M / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office	Sought: House District: 00
CORNYN, JOHN, , Sen,		Oppose		President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7	7364.20	Disbui 2026	rsement For: Primary General Other (specify)
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	REATION LL	.C		11 17 17 2021
Mailing Address 1607 Ponce de Leon ave				
Suite GM8				Amount
City	State	Zip Code		1040.09
SAN JUAN	PR	00909		Transaction ID : SE-S434195 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 10 7 2021
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 00
TILLIS, THOM, R., Sen,		Oppose		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	7364.18	Disbui 2026	rsement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		•	2080.19
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		• • • • • • • • • • • • • • • • • • • •
MASTROIANNI, STEPHANIE, , ,	[Electronically File	led] Date	M =	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 299 OF 317
				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo		of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				11 17 2021
Suite GM8			Amou	nt
City	State	Zip Code		1040.09
SAN JUAN	PR	00909		saction ID : SE-S434197 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 10 2021
Name of Federal Candidate:		X Support	Office Sough	nt: X House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Presid	ent Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 1 7	7364.18	Disbursemer 2022	nt For: x Primary General Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	REATION LL	.C Memo		of Public Distribution/Dissemination
Suite GM8			Amou	nt
City	State	Zip Code	-	1040.09
SAN JUAN	PR	00909	II	saction ID : SE-S434199 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 10 2021
Name of Federal Candidate:		✗ Support	Office Sough	nt: X House District: 08
LESKO, DEBBIE, , ,		Oppose	Presid	ent Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	7364.18	Disbursemer	nt For: x Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· [2080.18
(b) SUBTOTAL of Unitemized Independent Expenditure	res		·	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	ded] Date	M = M / 11	17 2021

	PAGE 300 OF 317 FOR LINE 24 OF FORM 3X
FEC	IDENTIFICATION NUMBER ▼
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e of Pub	olic Distribution/Dissemination
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ount	
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	n ID : SE-S434201 oursement or Obligation
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ıght:	House District: 00
sident	Senate State: NH
ent For:	✗ Primary ☐ General
Other (specify) ►
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ınsactio	n ID : SE-S434203 oursement or Obligation
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11	10 2021
ght:	House District:00
ident	Senate State: MO
ent For:	✗ Primary ☐ General
Other (specify) ▶
	2080.20
	2080.20

NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
UNITED WOMEN'S HEALTH ALLIAN		C C00755694			
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M M / D D / Y Y Y Y	
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	Memo	Item	Date of Public Distribution/Dissemination	
Mailing Address				11 17 2021	
1607 Ponce de Leon ave Suite GM8				Amount	
City	State	Zip Code		1040.10	
SAN JUAN	PR	00909		Transaction ID : SE-S434201 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 00	
SHAHEEN, JEANNE, , ,		Oppose		President Senate State: NH	
Calendar Year-To-Date		700440		rsement For: 🗶 Primary 🗌 General	
Per Election for Office Sought	7-1-1-7-	7364.19	2026	Other (specify) ▶	
Full Name of Payee LIVE TRANSFERS AND DONOR CR	EATION II	☐ Memo	Item	Date of Public Distribution/Dissemination	
	EATION LL			11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1607 Ponce de Leon ave				Amount	
Suite GM8					
City	State	Zip Code		1040.10	
SAN JUAN	PR	00909		Transaction ID : SE-S434203 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 10 7 2021	
Name of Federal Candidate:		x Support	Office	Sought: House District:00	
BLUNT, ROY, , ,		Oppose		President Senate State: MO	
Calendar Year-To-Date		7364.21		rsement For: 🗶 Primary 🗌 General	
Per Election for Office Sought	7 1 7	7304.21	2022	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				2080.20	
(a) 30213 M2 of norm200 mappindom Exponditation				2000.20	
(b) SUBTOTAL of Unitemized Independent Expenditur	es		• •		
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
MASTROIANNI, STEPHANIE, , ,	Electronically File	od1	M	M / D D / Y Y Y Y	
Signature	ъсси описину 1 [,] Ш	Date	9 11	17 2021	
				FEC Schedule E (Form 3X) Rev. 05/2016	

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FOR LINE 24 OF FORM 3X				
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Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 10 / 2021	
Name of Federal Candidate:		X Support	Office Sough	t: House District:00	
MURRAY, PATTY, , ,		Oppose	Preside	ent Senate State: WA	
Calendar Year-To-Date		7364.20	Disbursemen	For: 🗶 Primary 🔲 General	
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Name of Federal Candidate:		✗ Support	Office Sough	t: House District: 00	
VAN HOLLEN, CHRIS, , ,		Oppose	Preside	ent Senate State: MD	
Calendar Year-To-Date		7364.20	Disbursement	For: 🗶 Primary General	
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Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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UNITED WOMEN'S HEALTH ALLIANCE PAC Check if 24-hour report 48-hour report New report Amends report filed on Date of Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Amou Suite GM8 City State Zip Code PR 00909 Trans SAN JUAN Date of Purpose of Expenditure Category/ Telephone Fundraising 004 Type Name of Federal Candidate: **X** Support Office Sough CORNYN, JOHN, , Sen, Oppose Preside Disbursemen Calendar Year-To-Date 8274.04 2026 Per Election for Office Sought Full Name of Payee Date of Memo Item LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Amou Suite GM8 City State Zip Code SAN JUAN Trans PR 00909 Date of Purpose of Expenditure Category/ Telephone Fundraising 004 Type Name of Federal Candidate: x Support Office Sough TILLIS, THOM, R., Sen, Oppose Preside Disbursemen Calendar Year-To-Date 8274.02 2026 Per Election for Office Sought C (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in continuous with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] 24 2021 Date Signature FEC Schedule E (Form 3X) Rev. 05/2016

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

UNITED WOMEN'S HEALTH ALLIANCE PAC

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

UNITED WOMEN'S HEALTH ALLIANCE PAC

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Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1607 Ponce de Leon ave	11 24 2021					
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Name of Federal Candidate:		X Support	Office	e Sought: House District: 00		
SHAHEEN, JEANNE, , ,		Oppose		President Senate State: NH		
Calendar Year-To-Date			Disbu	ursement For: 🗶 Primary General		
Per Election for Office Sought	7-1-1-7-	8274.03	2026	Other (specify) ▶		
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LIVE TRANSFERS AND DONOR CR	REATION LL	C		11 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1607 Ponce de Leon ave						
Suite GM8				Amount		
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Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate:		✗ Support	Office	e Sought: House District: 00		
BLUNT, ROY, , ,		Oppose		President Senate State: MO		
Calendar Year-To-Date Per Election for Office Sought	7 7	8274.06	Disbu 2022	ursement For: ✓ Primary General Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures			•	1819.69		
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Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
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Suite GM8 City	State	Zip Code	$ \Gamma$	909.85
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Name of Federal Candidate:		✗ Support	Office Soug	ght: House District: 00
MURRAY, PATTY, , ,		Oppose	Presi	dent State: WA
Calendar Year-To-Date Per Election for Office Sought	7 7	8274.05	Disburseme	ent For: ✓ Primary General Other (specify) ✓
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Suite GM8	10: 1	7. 0.1		
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Name of Federal Candidate:		✗ Support	Office Sou	ght: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	Presi	MD MD
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Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES			F	PAGE 306 OF 317
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UNITED WOMEN'S HEALTH ALLIAN	ICE PAC		C	C00755694
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Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Date of Public	Distribution/Dissemination 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M /	24 / 2021
Name of Federal Candidate:		X Support	Office Sought:	House District:00
CORNYN, JOHN, , Sen,		Oppose	President x	Senate State:TX
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	9183.89	Disbursement For: [2026 Other (spe	♥ Primary General cify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CF Mailing Address 1607 Ponce de Leon ave	REATION LL	.C Memo	Amount	Distribution/Dissemination O1
Suite GM8 City	State	Zip Code		909.85
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Name of Federal Candidate:		✗ Support	Office Sought:	House District: 00
TILLIS, THOM, R., Sen,		Oppose	President x	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	9183.87	Disbursement For: [2026 Other (spe	Primary General cify) ▶
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LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City State Zip Code 903.85 Transaction ID: \$E-\$434229 Date of Disbursement or Obligation President Senate State: MI LAWRENCE BRENDA LULENAR. Oppose President Senate State: MI Calendar Year-To-Date Per Election for Office Sought Propose of Expenditure Telephone Fundraising Date of Disbursement or Obligation Date of Disbursement or Obligation Date of Disbursement for Image of State St	Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Mailing Address Suite GM8 City SAN JUAN PR 00809 Purpose of Expenditure Telephone Fundraising Category/ Type Calendar Year-To-Date Per Bodion Fundraising City Transaction 10: SE-S434229 Date of Disbursement For:	Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item	
Suite GM8 City SAN JUAN Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, Calendar Year-To-Date Per Election for Office Sought Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 President Tarasaction ID: SE-S434229 Date of Disbursement or Obligation Til 24 2021 Name of Pederal Candidate: LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 President Telephone Fundraising Telephone Fundraising Purpose of Expenditure Telephone Fundraising Telephone Fundraising Category/ Type Total Type The Category T	Mailing Address 1607 Ponce de Leon ave				
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Purpose of Expenditure Telephone Fundraising Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, Calendar Year-To-Date Per Election for Office Sought Purpose of Expenditure Telephone Fundraising President Senate State: MI Disbursement For: ▼ Primary General 2022 Other (specify) ▶ Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: LESKO, DEBBIE, Oppose Calendar Year-To-Date Per Election for Office Sought President Senate State: MI Disbursement For: ▼ Primary General 2022 Other (specify) ▶ Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: LESKO, DEBBIE, Oppose Calendar Year-To-Date Per Election for Office Sought President Senate State: AZ Disbursement For: ▼ Primary General 2022 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures Purpose of Expenditure Sought Calendar Year-To-Date Per Election for Office Sought Disbursement For: ▼ Primary General 2022 Other (specify) ▶ Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		State	Zip Code		909.85
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LAWRENCE, BRENDA, LULENAR	Name of Federal Candidate:		X Support	Office	e Sought: X House District: 14
Per Election for Office Sought Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address Suite GMB City SAN JUAN PR 00909 Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: LESKO, DEBBIE, Calendar Year-To-Date Per Election for Office Sought Per Election for Office Sought (a) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. (Electronically Filed) Date Other (specify) Date 12	LAWRENCE, BRENDA, LULENAR, ,				
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Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: LESKO, DEBBIE Caleandar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Mastrolannii. Stephanie Electronically Filed Date 11 29 2021	Full Name of Page	•			
Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: LESKO, DEBBIE		REATION LL		Item	M M / D D / Y Y Y Y
Suite GM8 City SAN JUAN PR 00909 Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: LESKO, DEBBIE, Calendar Year-To-Date Per Election for Office Sought Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE [Electronically Filed] Date Transaction ID: SE-S434231 Date of Disbursement or Obligation Transaction ID: Section ID	Mailing Address				12 01 2021
City SAN JUAN PR 00909 Category/ Type Category/ Type Category/ Type Category/ Type Odd Transaction ID: SE-S434231 Date of Disbursement or Obligation Purpose of Expenditure Telephone Fundraising Category/ Type Odd Transaction ID: SE-S434231 Date of Disbursement or Obligation Odd Transaction ID: SE-S434231 Date of Disbursement or Obligation Odd Tit Category/ Type Office Sought: W House District: OB President Senate State: AZ Calendar Year-To-Date Per Election for Office Sought 9183.86 Disbursement For: W Primary General 2022 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE [Electronically Filed] Date Transaction ID: SE-S434231 Date of Disbursement or Obligation Transaction ID: SE-S434231 Date of Disbursement or Obligation Total President Senate State: AZ Other (specify) Other (specify) (c) TOTAL Independent Expenditures Disbursement For: W Primary General 2022 Other (specify)					Amount
SAN JUAN Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: LESKO, DEBBIE, ,		State	Zin Code		909.84
Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: X Support					Transaction ID : SE-S434231
LESKO, DEBBIE, , ,					M M / D D / Y Y Y
LESKO, DEBBIE,	Name of Federal Candidate:		Support	Office	Sought: Y House District: 08
Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	LESKO, DEBBIE, , ,				^
(c) TOTAL Independent Expenditures		7 1 7	9183.86		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date Date Date Date	(a) SUBTOTAL of Itemized Independent Expenditures	·		. •	1819.69
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 11 29 2021	(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date Date Date Date Date Date Date Date	(c) TOTAL Independent Expenditures			•	
[Electronically Filed] Date 11 29 2021	with, or at the request or suggestion of, any candida	ate or authorized			
Signature		[Electronically Fil	ed] Date	e 1	
	Signature				

PAGE 308 OF 317 FOR LINE 24 OF FORM 3X
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t For: 🗶 Primary General
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of Public Distribution/Dissemination
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saction ID : SE-S434235 of Disbursement or Obligation
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t: House District: 00
ent Senate State: MO
t For: 🗶 Primary 🔲 General
ther (specify) ▶
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cooperation, consultation, or concert

UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694	
Check if 24-hour report 48-hour report New report Amends report filed on 48-hour report					
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination	
Mailing Address 1607 Ponce de Leon ave				Amount	
Suite GM8					
City	State	Zip Code		909.84	
SAN JUAN	PR	00909		Transaction ID : SE-S434233 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		X Support	Office	Sought: House District:00	
SHAHEEN, JEANNE, , ,		Oppose		President Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought	7 7	9183.87	Disbu 2026	rsement For: ✓ Primary General Other (specify) ✓	
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination	
LIVE TRANSFERS AND DONOR CR	REATION LL			12 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1607 Ponce de Leon ave					
Suite GM8				Amount	
City	State	Zip Code		909.84	
SAN JUAN	PR	00909		Transaction ID : SE-S434235 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 / 24 / 2021	
Name of Federal Candidate:		✗ Support	Office	Sought: House District:00	
BLUNT, ROY, , ,		Oppose		President Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought		9183.90	Disbu 2022	rsement For: ✓ Primary General Other (specify) ✓	
(a) SUBTOTAL of Itemized Independent Expenditures			•	1819.68	
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•		
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
MASTROIANNI, STEPHANIE, , ,	Electronically File	ed] Date	M = 1	1 29 2021	
Signature	<u> </u>	_ Date	<u> </u>		
				FEC Schedule E (Form 3X) Rev. 05/2016	

	PAGE 309 OF 317
	FOR LINE 24 OF FORM 3X
FEC	IDENTIFICATION NUMBER ▼
С	C00755694
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t:	House District: 00
ent	Senate State: WA
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actio	909.84 on ID : SE-S434239 bursement or Obligation
	24 / 2021
t:	House District: 00
ent	Senate State: MD
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NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
UNITED WOMEN'S HEALTH ALLIANCE PAC C C00755694					
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M = M / D = D / Y = Y = Y	
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination	
Mailing Address 1607 Ponce de Leon ave				12 01 2021 Amount	
Suite GM8		T = .			
City SAN JUAN	State PR	Zip Code 00909		909.84 Transaction ID : SE-S434237 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 00	
MURRAY, PATTY, , ,		Oppose		President X Senate State: WA	
Calendar Year-To-Date Per Election for Office Sought	, ,	9183.89	Disbur 2022	rsement For: Primary General Other (specify) ▶	
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination	
LIVE TRANSFERS AND DONOR CR	REATION LL	C		12 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1607 Ponce de Leon ave				Amount	
Suite GM8 City	State	Zip Code		909.84	
SAN JUAN	PR	00909		Transaction ID : SE-S434239 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M 11 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 00	
VAN HOLLEN, CHRIS, , ,		Oppose		President Senate State: MD	
Calendar Year-To-Date Per Election for Office Sought	T	9183.89	Disbur 2022	rsement For: Primary General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			•	1819.68	
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•		
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized				
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed] Date	e 11	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature					

	PAGE 310 OF 317
	FOR LINE 24 OF FORM 3>
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ught:	House District: 00
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	Seriale State.
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	: Primary General (specify)
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Other (e of Puk	State: State: General Gener
Other (e of Public 12 ount	Seriate State. Primary General (specify) blic Distribution/Dissemination 980.13 980.13
Other (e of Put 12 ount ansaction e of Dis	Senate State. Primary General (specify) blic Distribution/Dissemination 980.13 Pon ID: SE-S434243 Subursement or Obligation
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Other (e of Puk 12 ount mansactio e of Dis	Senate State. Primary General (specify) blic Distribution/Dissemination 980.13 Pon ID: SE-S434243 Sursement or Obligation
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NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3A
,	OE DAO			FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIANG	CE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	m M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREAT	TION LLC			12 08 2021
Mailing Address 1607 Ponce de Leon ave				Amount
Suite GM8				Amount
City	State	Zip Code		980.13
SAN JUAN	PR	00909		Transaction ID : SE-S434241 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		12 01 2021
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 00
CORNYN, JOHN, , Sen,		Oppose		President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	, , , , , , , , , , , , , , , , , , ,	10164.02	Disburs 2026	sement For: Primary General Other (specify) ▶
Full Name of Payee		Memo	Itom	Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CRI	EATION LL		item	12 08 2021
Mailing Address 1607 Ponce de Leon ave				للنبا لتا لتا
Suite GM8				Amount
City	State	Zip Code		980.13
SAN JUAN	PR	00909		Transaction ID : SE-S434243 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		12 / 01 / 2021
Name of Federal Candidate:		x Support	Office	Sought: House District: 00
TILLIS, THOM, R., Sen,		Oppose		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		10164.00	Disburs 2026	sement For: X Primary General
	1			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.				1960.26
(b) SUBTOTAL of Unitemized Independent Expenditure	9 8			
.,				
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
	Electronically File	ed] Date	e 12	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				
				FEC Schedule E (Form 3Y) Rev. 05/2016

 $MASTROIANNI,\,STEPHANIE,\,,\,$

Signature

SCHEDULE E (FEC Form 3X)				
TEMIZED INDEPENDENT EXPENDITURES				PAGE 311 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			C C00755694
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed	on M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREA	TION LLC	_ Mone	Itom	12 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				Amount
Suite GM8 City	State	Zip Code		980.13
SAN JUAN	PR	00909		Transaction ID : SE-S434245 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	4	12 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	e Sought: X House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose		President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7	10164.00	Disbu 2022	ursement For: ✓ Primary General Other (specify)
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	EATION LL	_C Memo	Item	Date of Public Distribution/Dissemination
Suite GM8				Amount
City	State	Zip Code		980.13
SAN JUAN	PR	00909		Transaction ID : SE-S434247 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	i	12 01 / 2021
Name of Federal Candidate:		✗ Support	Office	e Sought: M House District: 08
LESKO, DEBBIE, , ,		Oppose		President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	7 7	10163.99	Disbu 2022	orsement For: ✓ Primary General Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures				1960.26
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		. •	
(c) TOTAL Independent Expenditures			▶	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			

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PAGE 312 OF 317 FOR LINE 24 OF FORM 3X
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tion ID : SE-S434249 Disbursement or Obligation
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House District: 00
Senate State: NH
or: 🗶 Primary 🗌 General
er (specify) ►
Public Distribution/Dissemination
M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item D	ate of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				12 08 2021 mount
Suite GM8				mount
City	State	Zip Code		980.13
SAN JUAN	PR	00909	I	ransaction ID : SE-S434249 ate of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		12 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office S	ought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	Pr	esident Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7	10164.00	Disburse	ement For: ✓ Primary General Other (specify) ►
Full Name of Payee LIVE TRANSFERS AND DONOR CR	REATION LL	C Memo	Item D	ate of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave Suite GM8			A	mount
City	State	Zip Code		980.13
SAN JUAN	PR	00909		Transaction ID : SE-S434251 ate of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		12 01 7 2021
Name of Federal Candidate:		✗ Support	Office S	ought: House District:00
BLUNT, ROY, , ,		Oppose	Pr	esident Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	T T	10164.03	Disburse 2022	ement For: ✓ Primary General Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures			• [1960.26
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
	Electronically Fil	led] Date	e 12	01 2021
Signature				
				FEC Schedule E (Form 3X) Rev. 05/2016

PAGE 313 OF 317
FOR LINE 24 OF FORM 3X

NIANAE OF COMMITTEE (In Fall)			FOR LINE 24 OF FORM 5A		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
UNITED WOMEN'S HEALTH ALLIANCE PAC C C00755694					
Check if 24-hour report 48-hour report New report Amends report filed on 48-hour report					
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination		
LIVE TRANSFERS AND DONC	R CREATION LLC		12 08 2021		
Mailing Address 1607 Ponce de Leon av	re				
Suite GM8			Amount		
City	State	Zip Code	980.13		
SAN JUAN	PR	00909	Transaction ID : SE-S434253 Date of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y Y		
		71			
Name of Federal Candidate:		x Support	Office Sought: House District:00		
MURRAY, PATTY, , ,		Oppose	President Senate State: WA		
Calendar Year-To-Date		40404.00	Disbursement For: Primary General		
Per Election for Office Sought		10164.02	2022		
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination		
LIVE TRANSFERS AND DOI	NOR CREATION LL		M M / D D / Y Y Y Y		
Mailing Address 4007 Pages de Lean 200					
1607 Ponce de Leon av	e e		Amount		
Suite GM8	T -				
City	State	Zip Code	980.13		
SAN JUAN	PR	00909	Transaction ID : SE-S434255 Date of Disbursement or Obligation		
Purpose of Expenditure		Catagory	Make of Disbursement of Obligation		
Telephone Fundraising		Category/ Type 004			
Name of Federal Candidate:		✗ Support	Office Sought: House District:00		
VAN HOLLEN, CHRIS, , ,		Oppose	President Senate State: MD		
Calendar Year-To-Date		1.3.1.1	Disbursement For: 🗶 Primary General		
Per Election for Office Sought		10164.02	2022		
(a) SUBTOTAL of Itemized Independent Ex	xpenditures		1960.26		
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
MASTROIANNI, STEPHANIE, , ,	[Electronically File	ed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature					

PAGE 314 OF 317 FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼ C C00755694 M / D D / Y Y Y Y Y of Public Distribution/Dissemination 12 M / D D / Y Y Y Y Y ont Public Distribution/Dissemination 12 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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action ID : SE-S631933 of Disbursement or Obligation
12 08 2021
t: House District: 00
ent Senate State: TX
t For: 🗶 Primary General
ther (specify) ▶
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969.33 Faction ID: SE-S631935 of Disbursement or Obligation 12 House District: 00 ent X Senate State: NC t For: X Primary General ther (specify) 1938.66

NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
UNITED WOMEN'S HEALTH ALLIANCE PAC C C00755694					
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M = M / D = D / Y = Y = Y	
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination	
Mailing Address 1607 Ponce de Leon ave				12 15 2021 Amount	
Suite GM8					
City SAN JUAN	State PR	Zip Code 00909		969.33 Transaction ID : SE-S631933 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		12 08 2021			
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 00	
CORNYN, JOHN, , Sen,		Oppose		President Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought	7 7	11133.35	Disbu 2026	orsement For: Primary General Other (specify) ▶	
Full Name of Payee		☐ Memo	Itom	Date of Public Distribution/Dissemination	
LIVE TRANSFERS AND DONOR CR	REATION LL	C	item	12 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1607 Ponce de Leon ave				Amount	
Suite GM8 City	State	Zip Code		969.33	
SAN JUAN	PR	00909		Transaction ID : SE-S631935 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		12 08 7 2021	
Name of Federal Candidate:		✗ Support	Office	e Sought: House District: 00	
TILLIS, THOM, R., Sen,		Oppose		President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	, ,	11133.33	Disbu 2026	rrsement For: ✓ Primary General Other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures			. •	1938.66	
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•		
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	Electronically File	ed] Date	e 1:	2 08 2021	
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Mailing Address 1607 Ponce de Leon ave						
Suite GM8			Amount			
City	State	Zip Code	969.33			
SAN JUAN	PR 00909					
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	Date of Disbursement or Obligation 12 08 2021			
Name of Federal Candidate: X Support Office Sought: X House District: 14						
LAWRENCE, BRENDA, LULENAR, ,		Oppose	President Senate State: MI			
Calendar Year-To-Date Per Election for Office Sought	7 1 7	11133.33	Disbursement For: ✓ Primary General 2022 Other (specify) ►			
Full Name of Payee		Memo				
LIVE TRANSFERS AND DONOR CF	12 15 7 2021					
Mailing Address 1607 Ponce de Leon ave						
Suite GM8			Amount			
City	State	Zip Code	969.33			
SAN JUAN	PR	00909	Transaction ID : SE-S631939 Date of Disbursement or Obligation			
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	12 08 2021			
Name of Federal Candidate:		✗ Support	Office Sought:			
LESKO, DEBBIE, , ,		Oppose	President Senate State: AZ			
Calendar Year-To-Date Per Election for Office Sought	7	11133.32	Disbursement For: ✓ Primary General 2022 Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	3		1938.66			
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		·			
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidates	ate or authorized					
party committee) any political party committee or its	agent.					
MACTROIANNI CTERNANIE	Electronically Fil	led] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			

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 $MASTROIANNI,\,STEPHANIE,\,,\,$

Signature

CHEDULE E (FEC Form 3X)				
EMIZED INDEPENDENT EXPENDITURES				PAGE 316 OF 317
IAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (IN FUII) UNITED WOMEN'S HEALTH ALLIAN	ICE DAC			FEC IDENTIFICATION NUMBER ▼
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Check if 24-hour report 48-hour report	New rep	oort Amends repo	ort filed on	"M / D D / Y Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Kom _	of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				12 15 2021
Suite GM8			Amou	int
City	State	Zip Code		969.33
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Purpose of Expenditure Telephone Fundraising		Category/ Type 004		12 08 7 2021
Name of Federal Candidate:		✗ Support	Office Sough	nt: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	Presid	□ N⊔
Calendar Year-To-Date Per Election for Office Sought	7	11133.33	Disbursemer 2026	nt For: ✗ Primary ☐ General Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CF Mailing Address 1607 Ponce de Leon ave	REATION LI	_C Memo	Kom _	of Public Distribution/Dissemination 12 15 2021
Suite GM8			7	
City SAN JUAN	State	Zip Code 00909		969.33 saction ID : SE-S631943
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		of Disbursement or Obligation 12 08 2021
Name of Federal Candidate:		✗ Support	Office Sough	nt: House District:00
BLUNT, ROY, , ,		Oppose	Presid	MO
Calendar Year-To-Date Per Election for Office Sought	5 5	11133.36	Disbursemer 2022	nt For: x Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;			1938.66
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			

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FOR LINE 24 OF FORM 3X
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House District: 00
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For: Primary General
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Public Distribution/Dissemination
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12 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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For: Primary General
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UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
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Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Dat	e of Public Distribution/Dissemination
Mailing Address 4507 Pages do Lean 846				15 2021
1607 Ponce de Leon ave			Am	ount
Suite GM8 City	State	Zip Code	— г	969.33
SAN JUAN	PR	00909		nsaction ID : SE-S631945 e of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		12 08 2021
Name of Federal Candidate:		✗ Support	Office Sou	ight: House District: 00
MURRAY, PATTY, , ,		Oppose		sident X Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	11133.35	Disbursem 2022	nent For: x Primary General Other (specify) ▶
Full Name of Payee		_ Memo	Item Dat	e of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	REATION LL	.C		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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City SAN JUAN	State	Zip Code 00909		969.33 ansaction ID : SE-S631947
Purpose of Expenditure		Category/	Dat	e of Disbursement or Obligation
Telephone Fundraising		Type 004		12 08 2021
Name of Federal Candidate:		🗶 Support	Office Sou	ıght: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	Pres	sident 🗶 Senate State: MD
Calendar Year-To-Date Per Election for Office Sought		11133.35	Disbursem	
	, ,			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	1938.66
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		•	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed] Date	M M M M 12	/ 08 2021
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